

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING AND APPOINTMENT OF ATTORNEY ON OBJECTION TO HOSPITALIZATION OR ADMINISTRATIVE ADMISSION	FILE NO.
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In the matter of _____

1. This court has received your objection to hospitalization/admission without a hearing and will conduct a hearing to decide whether you need to be in a hospital or center. If this court agrees, you will be allowed to leave.

2. A hearing on your objection will be held at:

Location

Date Time

before Judge _____
Bar no.

3. You are entitled to be represented by an attorney. The court has appointed:

Attorney name Bar no.

Address

City, state, zip Telephone no.

If you desire to employ an attorney of your own choice, you may do so. If you prefer an attorney other than the one appointed for you, and the preferred attorney agrees to accept the employment and notifies the court of his/her appearance on your behalf, the court will replace the attorney now appointed for you. If you feel you are unable to pay for an attorney, and the court agrees, the court will see that your attorney is paid from public funds at the court approved rate.

4. You have the right to be present at the hearing. If you fail to attend the hearing after having an opportunity to meet with your attorney, you will be considered to have waived your right to attend and the hearing may be held without you.

5. For administrative admission only (applies to individuals with developmental disability): You may also ask for an independent medical or psychological evaluation. If you feel you are unable to pay for this, and the court agrees, the court will see that the evaluation is paid for from public funds. You should discuss the need for an independent medical or psychological evaluation with your attorney.

6. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

Do not write below this line - For court use only