

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER FOLLOWING HEARING ON OBJECTION BY MINOR TO HOSPITALIZATION/ ADMINISTRATIVE ADMISSION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

2. \_\_\_\_\_ has filed an objection to the  
Name  
 hospitalization of the minor named above at \_\_\_\_\_  
Hospital name  
 administrative admission of the resident named above to \_\_\_\_\_  
Facility name

3. Notice of the hearing was given to or waived by all interested persons.  
 was present in court.  with  
 4. The individual  was not present for reasons stated on the record. The hearing was  without a jury.

Present were \_\_\_\_\_, the attorney for the individual, and  
 \_\_\_\_\_, the attorney for the petitioner.

5.  Testimony was given by \_\_\_\_\_  
 Testimony was waived and the parties stipulated to the entry of the order.

**THE COURT FINDS:**

- 6. There  is  is not clear and convincing evidence that the minor is suitable for hospitalization.
- 7. The resident is not in need of the care and treatment that is available at the facility.
- 8. An alternative to the care and treatment provided in the facility is available and adequate to meet the resident's needs.
- 9. The resident is in need of care and treatment that is available at the facility and there is no alternative to care and treatment provided in the facility that is available and adequate to meet the needs of the resident. No order sustaining the objection will be entered.

**IT IS ORDERED:**

- 10. The objection is sustained, and the minor/resident is discharged from the hospital/facility.
- 11. The objection is denied on the merits and the minor/resident shall remain at the hospital/facility.
- 12. The objection is dismissed/withdrawn.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judge

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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