

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**NOTICE OF HEARING AND  
ADVICE OF RIGHTS**

**FILE NO.**

In the matter of \_\_\_\_\_  
First, middle, and last name

1. Based on the petition and other documents you received, this court is requested to order mental health treatment for you.

2. A hearing on the petition will be held at:

\_\_\_\_\_  
Location

\_\_\_\_\_  
Date and time

before Judge \_\_\_\_\_  
Bar no.

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

\_\_\_\_\_  
Attorney name Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court-appointed attorney. If you believe you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.

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. You have a right to an independent clinical evaluation, except that if the petition is for judicial admission, you also have the right to an independent psychological evaluation instead of a clinical evaluation. If you believe you are unable to pay for this, and the court agrees, the evaluation will be paid for from public funds.

6. You have the right to demand a jury trial.

7. After consulting with an attorney, you may stipulate to the entry of an order for treatment.

8. You should discuss your rights with your attorney.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy probate register/clerk

Do not write below this line - For court use only