

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER TO MODIFY ORDER FOR ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

1. Date of hearing (if one): _____ Judge: _____ Bar no.

2. This court issued an initial second continuing order on _____ directing the individual
Date
named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

3. The court has been notified that
 the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
 assisted outpatient treatment has not been or will not be sufficient to prevent harm the individual may inflict upon self or others.
 the individual believes that the assisted outpatient treatment program is not appropriate.

4. **THE COURT FINDS:**

IT IS ORDERED:

5. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment as ordered in item 8 below. This assisted outpatient treatment shall not exceed the time from the date of issuance of the
 initial second continuing combined order.

6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall be hospitalized at _____
for a period not to exceed the remainder of the previously-ordered hospitalization portion of the
 initial second continuing combined order.

7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 8 below for the remainder of the previously-ordered period. The individual shall be hospitalized at _____
for a period not to exceed the remainder of the initially ordered hospitalization portion of the initial second continuing combined order.

(SEE SECOND PAGE)

USE NOTE: Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

Do not write below this line - For court use only

8. Assisted outpatient treatment services shall be supervised by

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy group therapy individual and group therapy
- day programs partial day programs
- educational training vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

9. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

10. This order expires on _____
Date

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

I certify that this notice was personally served on the individual named above on _____ at _____
Date Time
and a copy was mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature