

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER AFTER HEARING
ON PETITION FOR DISCHARGE FROM
CONTINUING MENTAL HEALTH TREATMENT**

FILE NO.

In the matter of _____
First, middle, and last name

1. Date of hearing: _____ Judge: _____ Bar no.

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. was not present for reasons stated on the record.
The hearing was with without a jury.

Present were: _____, attorney for the individual, and
_____, attorney for the hospital.

5. Testimony was given by _____ .
 Testimony was waived and the parties consented to entry of the order.

6. The individual is under a one-year order of involuntary mental health treatment.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
 b. The individual no longer is a person requiring treatment.

8. _____ hospital can provide treatment
that is adequate and appropriate to the individual's condition.

IT IS ORDERED:

9. The individual is discharged from _____ hospital and/or from the
treatment program.

10. The order requiring involuntary mental health treatment shall be continued.

11. The individual shall be hospitalized under a continuing order for up to one year from date of this order.

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12. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than one year. The individual shall be hospitalized for up to _____days of the assisted outpatient treatment period.
 An initial hospitalization period shall be up to _____days.

13. The individual shall receive assisted outpatient treatment for no longer than one year.

14. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

15. Any 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: _____

Date

Judge