

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">CERTIFICATE OF LEGAL COUNSEL / WAIVER OF ATTENDANCE</p>	<p>FILE NO.</p>
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In the matter of _____

CERTIFICATE OF LEGAL COUNSEL

1. I have been appointed by the court as legal counsel for the individual named above.
2. A hearing on the petition for admission/hospitalization/assisted outpatient treatment has been set as follows:

Date: _____

Time: _____

Location: _____

Judge: _____

3. I certify that I personally have seen and consulted with the individual at least 24 hours before the time set for the hearing.

Date

Signature of attorney Bar no.

Attorney name (type or print)

Address

City, state, zip Telephone no.

WAIVER OF ATTENDANCE

I understand that it is my right to be present at the hearing on the petition for admission/hospitalization/assisted outpatient treatment set for the date stated above but I waive that right.

Date

Signature of the individual named above

Witness: _____
Signature of legal counsel

Do not write below this line - For court use only