STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE TO ATTORNEY OF RETURN TO HOSPITAL / CENTER FROM AUTHORIZED LEAVE	FILE NO.

In the matter of _____

TO:

1. The court has been notified that the individual named above was returned to _____ _____ more than 10 days after being placed on authorized leave.
2. Court rules require that you consult with your client to determine whether the individual desires a hearing.
3. If you cannot attend to this immediately, please call the court so that substitute counsel might be appointed for your client.

_____
Deputy probate register/clerk

I certify that on this date this notice was served on the attorney named above at the address shown above by

☐ first-class mail.
☐ personal service.

_____ Date _____ Signature

Please return a copy of this form with your response indicated below.

In accordance with court rule, I personally conferred with my client on _____ . Date

An appeal of the return
☐ has been filed.
☐ is filed.
☐ will probably not be filed.

_____ Date _____ Attorney signature Bar no.

Do not write below this line - For court use only