Approved, SCAO JIS CODE: NRH STATE OF MICHIGAN FILE NO. NOTICE TO ATTORNEY OF **PROBATE COURT RETURN TO HOSPITAL/FACILITY FROM COUNTY OF AUTHORIZED LEAVE** In the matter of ____ TO: Γ ٦ L J 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 $\frac{}{\text{Date}}$ An appeal of the return \square has been filed. is filed. will probably not be filed.

Do not write below this line - For court use only

Attorney signature

Date