

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**REQUEST TO DEFER
HEARING ON COMMITMENT**

FILE NO.

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

PLEASE PRINT OR TYPE CLEARLY

1. I state that I have met with my legal counsel, a representative from the county community mental health program, and a member of the treatment team assigned to provide treatment. I agree to one of the following:

- a. Inpatient hospital treatment not to exceed 60 days.
- b. Outpatient treatment not to exceed 180 days.
- c. Combined hospitalization and outpatient treatment up to 180 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization: _____

Outpatient treatment under the supervision of: _____

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 180 days from today if I have chosen outpatient treatment or a combination of hospitalization and outpatient treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

Date

Patient's signature

Witness/Legal counsel

Bar no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only