STATE OF MICHIGAN		CASE NO. and JUDGE
PROBATE COURT COUNTY	DEMAND FOR HEARING	
Court address		Court telephone no.
In the matter of		
\Box 1. I am the individual, and I deman		
	signee,	
	e community mental health services program. n outpatient treatment program in the commun	
Date .		
form, and I demand a court h	ues to require treatment, but the individual is f	
\Box 4. I am the director of the hospital	where the individual has remained hospitalize	d since deferring the initial hearing on
I b	elieve the individual continues to require treatr	nent and
\Box will not agree to sign a forma	voluntary admission, and I demand a court h dmission, and I demand a court hearing.	earing.
\Box 5. The individual requires hospitali	zation pending the hearing and it is necessary	that the court order a peace officer
to transport the individual to the		hospital pending the hearing.
6. The individual is located at		
Date	Signature	
	Name (type or print)	
	Address	
	City, state, zip	
(Complete only if item 5 is checked.)	ORDER TO TRANSPORT	
IT IS HEREBY ORDERED that a peat to the hospital stated above.	ce officer shall take the individual into protecti	ve custody and transport the individual
	Judge signature and date	

JIS Code: DFH