

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>ORDER FOLLOWING HEARING ON PETITION FOR CONTINUED HOSPITALIZATION OF MINOR</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_

1. Date of Hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

2. A petition has been filed by \_\_\_\_\_ asserting that the minor is suitable  
Petitioner name (type or print)  
for hospitalization.

3. The minor  was present in court.  was not present for reasons stated on the record. The hearing was  with  without a jury.

Present were: \_\_\_\_\_, attorney for the minor, and  
\_\_\_\_\_, attorney for the petitioner.

4. Testimony of a child and adolescent psychiatrist or a physician/licensed psychologist was waived by the minor and the minor's attorney.

5. Testimony was given by \_\_\_\_\_  
\_\_\_\_\_

**THE COURT FINDS:**

6. Notice of hearing has been given according to law.

7. By clear and convincing evidence, the minor is suitable for hospitalization. The minor requires treatment by reason of  
 a. a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life,  
 b. a severe or persistent emotional condition characterized by seriously impaired personality development, individual adjustment, social adjustment, or emotional growth which is demonstrated in behavior symptomatic of that impairment,  
and the minor is in need of hospitalization and is expected to benefit from hospitalization, and an appropriate, less restrictive alternative to hospitalization is not available.

8. The minor is not suitable for hospitalization.

**IT IS ORDERED** that the minor:

9. Be hospitalized at \_\_\_\_\_  
hospital for a period not to exceed 60 days.

10. Is discharged from the hospital and the petition is  denied on the merits.  dismissed/withdrawn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

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