

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION AND OBJECTION AND DEMAND FOR HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

1. On _____, after a hearing required by statute, the court found you to be a person requiring
Date treatment and entered an order for a program of assisted outpatient treatment.

2. a. After being notified that the assisted outpatient program was insufficient,
 you did not comply with the assisted outpatient program,

the court entered an order (form PCM 217a) that resulted in your hospitalization and/or placement in a different
assisted outpatient treatment program. A copy of the amended order (form PCM 217a) is attached.

b. The court has been notified that you have been hospitalized by a psychiatrist's order under MCL 330.1474a.

NOTICE OF RIGHT TO OBJECT

TO: _____

You are notified that you may object to the court's or psychiatrist's order to hospitalize you by completing the objection below
and returning it to the court no later than 7 days after receiving this notice. The court will schedule a hearing within 10 days after
receiving your objection.

PROOF OF SERVICE

I certify that on _____ at _____ I personally served this notice on the individual named in the
Date Time Notice of Right to Object.

Date

Signature

OBJECTION TO HOSPITALIZATION AND DEMAND FOR HEARING

I object to my hospitalization and demand a hearing.

I request court-appointed legal counsel.

Date

Signature

Name (type or print)

Do not write below this line - For court use only