

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**NOTICE OF RIGHT TO  
OBJECT TO HOSPITALIZATION AND  
OBJECTION AND DEMAND FOR HEARING**

**FILE NO.**

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 alternative treatment.

2.  a. After being notified that  the alternative program was insufficient,  you did not comply with the alternative program,  
the court entered an order (form PCM 217a) that resulted in your hospitalization and/or placement in a different  
alternative 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