

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	FILE NO.
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In the matter of _____
First, middle, and last name

1. Date of hearing (if one): _____ Judge: _____
Bar no.

2. This court issued an order on _____ directing the individual named above to undergo a program of
Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. THE COURT FINDS:

IT IS ORDERED:

5. A peace officer shall take the individual into protective custody and transport the individual to
 the preadmission screening unit established by the community mental health services program serving the community in which the individual resides. _____
Designated facility

6. The individual shall be hospitalized at _____
 for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
 as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.

7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

Date Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____
Date Time
and a copy mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

Date Signature

Do not write below this line - For court use only