

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ORDER REGARDING REQUEST TO MODIFY ORDER FOR ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_

Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing (if one): \_\_\_\_\_ Judge: \_\_\_\_\_
2. This court issued an  initial  second  continuing order on \_\_\_\_\_ directing the  
Date  
 individual named above to undergo a program of 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.  
 assisted outpatient treatment has not been or will not be sufficient to prevent harm the individual may inflict upon self or others.  
 the individual believes that the assisted outpatient treatment program is not appropriate.

**4. THE COURT FINDS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IT IS ORDERED:**

5. The request to modify the treatment order is denied.
6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment as ordered in item 9. This assisted outpatient treatment shall not exceed the time from the date of issuance of the  initial  second  continuing combined order.
7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall be hospitalized at \_\_\_\_\_  
 for a period not to exceed the remainder of the previously-ordered hospitalization portion of the  initial  second  continuing combined order.
8. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 9 for the remainder of the previously-ordered period. The individual shall be hospitalized at \_\_\_\_\_  
 for a period not to exceed the remainder of the initially ordered hospitalization portion of the  initial  second  continuing combined order.

**USE NOTE:** Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

9. Assisted outpatient treatment services shall be supervised by \_\_\_\_\_

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

**NOTICE:** The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

- 10. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

11. This order expires on \_\_\_\_\_  
Date

\_\_\_\_\_  
Judge signature and date

**NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION**

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program 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.

**PROOF OF SERVICE**

This notice was personally served on the individual named above on \_\_\_\_\_ and a copy was mailed  
Date and time

to the \_\_\_\_\_ Court on \_\_\_\_\_. I declare under the penalties  
Date

of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature

**OBJECTION TO HOSPITALIZATION**

I object to my hospitalization and request that the court schedule a hearing on the objection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature