

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	CASE NO. and JUDGE
---	---	---------------------------

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 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. The request to modify the last treatment order is denied.

6. 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

7. 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.

8. 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:

Judge signature and date

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 declare under the penalties of perjury that this notice was personally served on the above individual on

_____ and a copy mailed to the _____
Date and time

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