

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>MOTION FOR CONTINUED COMMITMENT          FOR TREATMENT OF INFECTIOUS          DISEASE AND ORDER FOR HEARING</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. I am director/director's designee of the \_\_\_\_\_  
Name of facility .
2. The above named individual was committed to this facility for a period of \_\_\_\_\_ by court  
Number of days or months  
 order dated \_\_\_\_\_ .
3. The individual requires continued commitment for the following reasons: \_\_\_\_\_  
 \_\_\_\_\_

**I REQUEST** that the court issue an order to continue commitment of the individual at the above named facility for a period of \_\_\_\_\_ and under the conditions set by the court.  
Number of days or months

I declare under the penalties of perjury that this motion has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Director/director's designee signature

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, state, zip

\_\_\_\_\_  
 Telephone no.

**ORDER**

1. Date of Hearing: \_\_\_\_\_ Judge: \_\_\_\_\_

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