

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	NOTICE OF HEARING ON PETITION FOR TREATMENT OF INFECTIOUS DISEASE	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First, middle, and last name

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. This court has received the attached petition for treatment of infectious disease.
2. A hearing on the petition will be held:
 at _____
Location
 on _____
Date and time
 before Hon. _____
Bar no.
3. You have the right to be present at the hearing and to cross-examine witnesses.
4. You have the right to be represented by an attorney at all stages of the proceedings. If you want an attorney, you should hire one immediately so they will be prepared on the hearing date. If you are unable to pay the cost of an attorney, the court shall appoint an attorney for you.
5. You and the petitioners may waive notice of hearing, in writing, and agree to have the court hear the petition immediately.
6. If the petition requests the court to appoint a commitment review panel, you may notify the court that you want a physician of your choice appointed to the panel.

 Court clerk signature and date