

STATE OF MICHIGAN PROBATE COURT COUNTY OF	OBJECTION TO ADMINISTRATIVE ADMISSION (INDIVIDUAL WITH DEVELOPMENTAL DISABILITY)	FILE NO.
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In the matter of _____, an individual with a developmental disability

1. I object to the administrative admission of _____ and request the
Name
 court to schedule a hearing on this objection. This objection is made
- within 30 days after the admission of the resident.
- after the first objection or six months after a prior objection.

 Date Signature

2. The person filing this objection is
- the resident. I am age 13 or older.
- _____
Name Relationship or reason interested in resident
- _____
Address City State Zip
- _____
Telephone no.

3. The resident was administratively admitted to _____
Name of facility
- on _____ upon the application of _____,
Date Name
- _____
Address City State Zip
- _____
Telephone no.
- who is the resident's parent. guardian. person in loco parentis.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only