PCS CODE: NO/CSP TCS CODE: NO/CSP

Approved, SCAO

## **STATE OF MICHIGAN**

| FI | LE | N | O. |
|----|----|---|----|
|    |    |   |    |

| PROBATE COURT COUNTY OF  | NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE |                     |                       |                      |                    |                       |
|--|--|---------------------|-----------------------|----------------------|--------------------|-----------------------|
| In the matter of First, middle, and last name  | e  |                     |                       |                      | I                  |                       |
|  |  | NOTI                | CE                    |                      |                    |                       |
| TO THE PROBATE COURT: Attache  | ed is a peti   | tion for hospitaliz | zation and two        | clinical c           | ertificates. You a | re notified that      |
| 1. The individual named above was h  | on at  |                     | ime                   | at<br>Name of hos    | pital .            |                       |
| 2. The clinical certificate of the psych   | iatrist that   | is required for ho  | ospitalization v      | vas comp             | leted on           | at<br>Time            |
|  |  | IFICATE OF SE       |                       |                      | 24.0               |                       |
| 3. I certify that on the dates and times in  | ndicated a   | copy of each of th  | e following dod       | cuments w            | as given to the in | dividual named above. |
| a. Petition  |  | Date                |                       | Time                 | Signature          |                       |
| b. Statement explaining individual's rights  |  |                     |                       |                      | -                  |                       |
| c. Clinical certificate of psychiatrist  |  | Date                |                       | Time                 | Signature          |                       |
|  |  | Date                |                       | Time                 | Signature          |                       |
| <ul> <li>d. Clinical certificate of licensed<br/>psychologist/physician/psychiatr</li> </ul> | rist   |                     |                       |                      |                    |                       |
|  |  | Date                |                       | Time                 | Signature          |                       |
| e. Notice of hearing   |  | Date                |                       | Time                 | Signature          |                       |
|  | CERT   | IFICATE OF SE       | RVICE ON OT           | HERS                 |                    |                       |
| 4. I certify that copies of the petition,  | two clinical   | certificates, sta   | tement explair        | ning rights          | s, and notice of h | earing were served    |
| ☐ by first-class mail ☐ person   | ally o   | n<br>Date and time  | on                    |                      | s 🗌 guardian 🗆     | 7                     |
| and ☐ by first-class mail ☐ persor   |  |                     |                       |                      |                    | nearest relative      |
| _  | •  | n<br>Date and time  |                       | n <u>Individual'</u> |                    |                       |
| ☐ 5. I further certify that the individua  | ıl was aske  | ed whether to se    | rve other pers        | ons with o           | copies of the abo  | ve documents.         |
| a<br>Name  |  |                     |                       |                      |                    | was designated.       |
| ☐ Copies could not be served   | d. 🗆 Cop   | ies were served     | $\square$ by first-cl | ass mail             | personally         | on                    |
| b  |  |                     |                       |                      |                    | was designated.       |
| ☐ Copies could not be served   | d. 🗆 Cop   | ies were served     | $\square$ by first-cl | ass mail             | personally         | on<br>Date            |
| Date   |  |                     | Signature             |                      |                    |                       |
|  |  |                     |                       |                      |                    |                       |
|  | Do not   | write below this li | no For court w        | 20 0001              |                    |                       |