

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**PETITION FOR DISCHARGE FROM
CONTINUING MENTAL HEALTH TREATMENT**

FILE NO.

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

1. I, _____, state that the individual is subject to a one-year order
Name (type or print)
of involuntary mental health treatment and I am

the executive director of the community mental health services program for the county of residence of the individual.

hospitalized in _____
Name of hospital

under a one-year assisted outpatient or a one-year combined treatment order under the supervision of

2. I object to the conclusion(s) in the periodic review report of _____
Name of patient/resident
dated _____ and filed with this court. The individual named in that report is not
a person requiring continuing involuntary mental health treatment and should be discharged from the program.

3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition,
except as follows:

4. I **REQUEST** that the court set a hearing and order a discharge.

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

Date

Signature of petitioner

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