STATE OF MICHIGAN PROBATE COURT COUNTY	DEMAND FOR HEARING	CASE NO. and JUDGE
Court address		Court telephone no.

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

☐ 1. I am the individual, and I demand a court hearing.

☐ 2. I am the ☐ hospital director/designee, ☐ outpatient treatment provider/designee, and I demand a court hearing because ☐ the individual refuses to accept prescribed treatment. ☐ the individual orally demanded a hearing.

☐ 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on

_____ .
Date

☐ I believe the individual continues to require treatment, but the individual refuses to sign a voluntary treatment form, and I demand a court hearing.
☐ I believe the individual continues to require treatment, but the individual is found not suitable for voluntary treatment, and I demand a court hearing.

☐ 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on

_____ . I believe the individual continues to require treatment and
Date

☐ will not agree to sign a formal voluntary admission, and I demand a court hearing.
☐ is not suitable for voluntary admission, and I demand a court hearing.

☐ 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital. The individual will remain hospitalized pending the hearing. MCL 330.1455(9).
Hospital name

6. The individual is located at _____ .

_____
Date

_____
Signature

_____
Name (type or print)

_____
Address

_____
City, state, zip

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

_____
Judge signature and date