STATE OF MICHIGAN PROBATE COUR COUNT		TION FOR CONTINUED ITALIZATION OF MINOR	CASE NO. and JUI	DGE
Court address				Court telephone no
In the matter of	me			
1. I, Name (type or print)			uthorized representat	ive of the director
of <u>Name of hospital</u> 2. On <u>Late</u> the hos		written notice of intent to termina	te the hospitalization	of the minor from:
$\Box$ the parent $\Box$ the guardian	$\Box$ the pers	ona in loco parentis $\Box$ the m	inor who is 14 years	
<ul><li>and who was admitted by his or</li><li>3. The minor is a resident of</li></ul>			Put DOB in s born on <u>row 1 on M</u>	Ref. No. <u>C 97.</u> ,
and has parents, guardian, or pe			Date of birth	
NAME	RELATIONSHIP	ADDRESS		TELEPHONE
P	arent			
P	arent			
G	uardian			
	erson in loco arentis			
4. An action within the jurisdictio	n of the family di	vision of circuit court involving the	e family or family mer	nbers of the minor
has been previously filed in _		Court, Case Num	ber	, was

assigned to Judge, and $\Box$ remains $\Box$ is no longer	pending.
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5. The minor is suitable for hospitalization because the minor requires treatment, is in need of hospitalization and is expected to benefit from hospitalization, and an appropriate, less restrictive alternative to hospitalization is not available.

- 6. The minor requires treatment because:
  - of a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
  - □ of a severe or persistent emotional condition characterized by seriously impaired and personality development, individual adjustment, social adjustment, or emotional growth, which is demonstrated in behavior symptomatic of that impairment.

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7. This conclusion is based upon: \_

8. The minor will benefit from hospitalization as follows:

9. I request that the minor be determined suitable for hospitalization and ordered to continue hospitalization for not more than 60 days.

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

Title of petitioner

This petition is accompanied by one certificate executed by a child and adolescent psychiatrist and one certificate of a physician.

licensed psychologist.