

Approved, SCAO

<b>STATE OF MICHIGAN</b> <b>JUDICIAL DISTRICT</b> <b>JUDICIAL CIRCUIT</b>	<b>ORDER OF DISCHARGE FROM</b> <input type="checkbox"/> <b>DRUG</b> <input type="checkbox"/> <b>MENTAL HEALTH</b> <input type="checkbox"/> <b>VETERANS</b> <b>TREATMENT COURT PROGRAM</b>	<b>CASE NO.</b>
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Court address

Court telephone no.

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ _____	<b>v</b>	Defendant's/Juvenile's name, address, and telephone no.		
		CTN	SID	DOB
Offense(s)				

1. The defendant/juvenile was ordered to supervision in the treatment court program and  did  did not successfully complete the program.

**IT IS ORDERED:**

2. The defendant/juvenile is discharged from participation in the treatment court program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge (treatment court program) Bar no.

**CERTIFICATE OF MAILING**

I certify that on this date I sent a copy of this order to the transferring court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature