

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	OBJECTION TO HOSPITALIZATION OF A MINOR	FILE NO.
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In the matter of _____, a minor

1. I object to the hospitalization of this minor and request the court to schedule a hearing on this objection.

_____ Date _____ Signature

1. The person filing this objection is _____
Name

- and is the minor patient, who is 14 years of age or older.
 the minor's parent, guardian, or person in loco parentis. The request for hospitalization was made by the minor or a peace officer.
 a person designated by the court.

2. The minor is _____ years old and was admitted is scheduled for admission to _____

_____ upon the application of _____

Address City State Zip Telephone no.

who is the minor's parent,
 guardian,
 person in loco parentis, i.e. _____
 other, i.e. _____

3. The minor received a periodic review of his/her suitability for continued hospitalization on _____
Date

4. The reason for this objection is:

Do not write below this line - For court use only