

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>OBJECTION TO ADMINISTRATIVE ADMISSION (INDIVIDUAL WITH DEVELOPMENTAL DISABILITY)</b></p>	<p align="center"><b>FILE NO.</b></p>
---	---	---------------------------------------

In the matter of \_\_\_\_\_, an individual with a developmental disability

1. I object to the administrative admission of \_\_\_\_\_ and request the  
Name  
court to schedule a hearing on this objection. This objection is made

within 30 days after the admission of the resident.

after the first objection or six months after a prior objection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

2. The person filing this objection is

the resident. I am age 13 or older.

\_\_\_\_\_  
Name Relationship or reason interested in resident

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone no.

3. The resident was administratively admitted to \_\_\_\_\_  
Name of center

on \_\_\_\_\_ upon the application of \_\_\_\_\_,  
Date Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Telephone no.

who is the resident's  parent.  guardian.  person in loco parentis.

Do not write below this line - For court use only