

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>SUPPLEMENT TO CLINICAL CERTIFICATE ON APPEAL OF RETURN TO HOSPITAL</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_

Attached is my certificate (form PCM 208) setting forth why the above person requires treatment. I further certify and report as follows.

1. The reason(s) for this individual's return to the hospital or center from authorized leave, and the need for treatment in a hospital or center are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. The plans for further treatment of the individual are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Should the court rule against the return of this individual, I recommend the court consider the following alternatives instead of a return to authorized leave status, if any of these options are available.

- |   |  |
|---|--|
| <input type="checkbox"/> Day treatment in a hospital or center  | <input type="checkbox"/> Night treatment in a hospital or center |
| <input type="checkbox"/> Residential placement  | <input type="checkbox"/> Custody of a friend or relative         |
| <input type="checkbox"/> Inpatient treatment at a private psychiatric hospital, at a general hospital's psychiatric unit, or a private residential facility | <input type="checkbox"/> Outpatient treatment                    |
|   | <input type="checkbox"/> Home care or homemaker service          |
|   | <input type="checkbox"/> Day activity programs                   |

Other: \_\_\_\_\_

None of the above merits exploration. \_\_\_\_\_  
State reasons

\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date Signature Title (physician, psychiatrist, etc.)

Do not write below this line - For court use only