

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HEARING ON PETITION FOR HOSPITALIZATION/ ASSISTED OUTPATIENT TREATMENT/ JUDICIAL ADMISSION	FILE NO.
---	---	-----------------

In the matter of _____

1. This court is requested to

- detain you for treatment in a hospital/center or order some other treatment program on the basis of the grounds and reasons stated in the petition and the clinical certificates or report that were served on you.
- order assisted outpatient treatment on the basis of the grounds and reasons stated in the petition that was served on you.

2. A hearing on the petition will be held at:

Location

Date

Time

before Judge _____
Bar no.

3. You are entitled to be represented by an attorney at a full court hearing. The court has appointed:

Attorney name

Bar no.

Address

City, state, zip

Telephone no.

as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court-appointed attorney. If you believe you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.

- 4. You have the right to be present at the hearing. If you fail to attend the hearing after having an opportunity to meet with your attorney, you will be considered to have waived your right to attend and the hearing may be held without you.
- 5. You have a right to an independent clinical evaluation, except that if the petition is for judicial admission, you also have the right to an independent psychological evaluation instead of a clinical evaluation. If you believe you are unable to pay for this, and the court agrees, the evaluation will be paid for from public funds. You also have the right to a jury trial.
- 6. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

Do not write below this line - For court use only