

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER AFTER HEARING
ON PETITION FOR DISCHARGE FROM
CONTINUING MENTAL HEALTH TREATMENT**

FILE NO.

In the matter of _____
First, middle, and last name

1. Date of hearing: _____ Judge: _____ Bar no.

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual _____ was present in court. _____ was not present for reasons stated on the record.
The hearing was _____ with _____ without a jury.

Present were: _____, attorney for the individual, and
_____, attorney for the hospital.

5. Testimony was given by _____.
Testimony was waived and the parties consented to entry of the order.

6. The individual is under a one-year order of involuntary mental health treatment.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
b. The individual no longer is a person requiring treatment.

8. _____ hospital can provide treatment
that is adequate and appropriate to the individual's condition.

IT IS ORDERED:

9. The individual is discharged from _____ hospital and/or from the
treatment program.

10. The order requiring involuntary mental health treatment be continued.

11. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

12. The individual be hospitalized under a continuing order for up to one year from date of this order.

(SEE SECOND PAGE)

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13. The individual receive alternative treatment for no longer than one year, supervised by

Community mental health services or other designated entity

a. The following alternative treatment services are ordered:

b. The individual shall be hospitalized for up to _____ days of the one-year alternative treatment period.
1 to 90 days

An initial hospitalization period shall be up to _____ days.
1 to 90 days

14. The individual receive assisted outpatient treatment for no longer than one year, supervised by

Community mental health services or other designated entity

a. The following assisted outpatient treatment services are ordered: (See MCL 330.1468[2][e] for specific services.)

b. The individual shall be hospitalized for up to _____ days of the one-year assisted outpatient treatment period.
1 to 90 days

An initial hospitalization period shall be up to _____ days.
1 to 90 days

Date

Judge