

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>REQUEST TO DEFER HEARING ON COMMITMENT</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_

PLEASE PRINT OR TYPE CLEARLY

1. I state that I have met with my legal counsel, a representative from the county community mental health program, and a member of the treatment team assigned to provide treatment. I agree to one of the following:

- a. Inpatient hospital treatment not to exceed 60 days.
- b. Treatment in a community alternative not to exceed 90 days.
- c. Combined hospitalization and alternative treatment up to 90 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization: \_\_\_\_\_

Alternative treatment under the supervision of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 90 days from today if I have chosen alternative treatment or a combination of hospitalization and alternative treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Witness/Legal counsel

\_\_\_\_\_  
Bar no.

Do not write below this line - For court use only