

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">NOTICE OF HEARING AND APPOINTMENT OF ATTORNEY ON PETITION FOR CONTINUED HOSPITALIZATION OF MINOR</p>	<p>FILE NO.</p>
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In the matter of _____

1. This court has been petitioned for continued hospitalization of the minor.

2. A hearing on the petition will beheld on _____ at _____
Date Time

at _____
Location

by _____
Judge Bar no.

3. You, the minor, are entitled to be represented by an attorney. The court has appointed:

Attorney name Bar no.

Address

City, state, zip Telephone no.

4. If you desire to employ an attorney of your own choice, you may do so. If you prefer an attorney other than the one appointed for you, and the preferred attorney agrees to accept the employment and files an appearance on your behalf, the court will replace the attorney now appointed for you. If you feel you are unable to pay for an attorney and the court agrees, the court will see that your attorney is paid from public funds.

Date

Deputy register/clerk

Do not write below this line - For court use only