

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION AND OBJECTION AND DEMAND FOR HEARING</p>	<p>FILE NO.</p>
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In the matter of _____, a mentally ill person

1. On _____, after a hearing required by statute, the court found you to be a person requiring
Date treatment and entered an order for a program of alternative treatment.
2. a. After being notified that the alternative program was insufficient, you did not comply with the alternative program, the court entered an order (form PCM 217a) that resulted in your return to the hospital and/or placement on a different alternative treatment program. A copy of the amended order (form PCM 217a) is attached.
- b. The court has been notified that you have been hospitalized by a psychiatrist's order pursuant to MCL 330.1474a.

NOTICE OF RIGHT TO OBJECT

TO: _____

You are notified that you may object to the court's or psychiatrist's order returning you to the hospital by completing the objection below and returning it to the court no later than 7 days after receiving this notice. The court will schedule a hearing within 10 days after receiving your objection.

PROOF OF SERVICE

I certify that on _____ at _____ I personally served this notice on the individual named in the
Date Time Notice of Right to Object.

Date

Signature

OBJECTION TO HOSPITALIZATION AND DEMAND FOR HEARING

I object to my return to the hospital and demand a hearing.

I request court-appointed legal counsel.

Date

Signature

Name (type or print)

Do not write below this line - For court use only