

Does this title accurately reflect this form's usage?

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

NOTICE OF HEARING ON PETITION
FOR **MENTAL HEALTH** TREATMENT/
JUDICIAL ADMISSION

FILE NO. _____



In the matter of _____

1. **Based on the petition and other documents you received,** this court is requested to

- confine you in a center/hospital for treatment or order outpatient treatment.**
- order assisted outpatient treatment for you.**

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

Location _____

Date and 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. _____

6. You have the right to a jury trial.

7. After consulting with an attorney, you may stipulate to the entry of an order for treatment.

8. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

Do not write below this line - For court use only

MCL 330.1453(2)

MCL 330.1453, MCL 330.1455, MCL 330.1463, MCL 330.1517