

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>DEMAND FOR HEARING</b>	<b>FILE NO.</b> <div style="border: 2px solid blue; padding: 5px; display: inline-block; background-color: #0056b3; color: white; text-align: center;">  </div>
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In the matter of \_\_\_\_\_

- 1. I am the individual, and I demand a court hearing.
- 2. I am the  hospital director/designee,  alternative treatment provider/designee, and I demand a court hearing because  the individual refuses to accept prescribed treatment.  the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on \_\_\_\_\_ .  
Date  
  - I believe s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.
  - I believe s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on \_\_\_\_\_ . I believe the individual continues to require treatment and  
Date  
  - will not agree to sign a formal voluntary admission, and I demand a court hearing.
  - is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the \_\_\_\_\_ hospital pending the hearing.
- 6. The individual is located at \_\_\_\_\_

Date	Signature
	Name (type or print)
	Address
	City, state, zip

(Complete only if item 5 is checked.)

**ORDER**

- 1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_
- 2. A peace officer shall take the individual into protective custody and transport him/her to the hospital stated above.

\_\_\_\_\_  
Signature

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only