

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b></p>	<p align="center"><b>NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE</b></p>	<p><b>FILE NO.</b></p>
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In the matter of \_\_\_\_\_

**NOTICE**

TO THE PROBATE COURT: Attached is an application for hospitalization and two clinical certificates. You are notified that:

1. The individual named above was hospitalized on \_\_\_\_\_ at \_\_\_\_\_ .  
Date Time
2. The clinical certificate of the psychiatrist that is required for hospitalization was completed on \_\_\_\_\_ at \_\_\_\_\_ .  
Date Time

**CERTIFICATE OF SERVICE ON PATIENT**

3. I certify that on the dates and times indicated a copy of each of the following documents was given to the individual named above.

- |   |       |       |           |
|---|-------|-------|-----------|
| a. Application/Petition   | _____ | _____ | _____     |
|   | Date  | Time  | Signature |
| b. Statement explaining individual's rights                                 | _____ | _____ | _____     |
|   | Date  | Time  | Signature |
| c. Clinical certificate of psychiatrist                                     | _____ | _____ | _____     |
|   | Date  | Time  | Signature |
| d. Clinical certificate of licensed psychologist/<br>physician/psychiatrist | _____ | _____ | _____     |
|   | Date  | Time  | Signature |
| e. Notice of hearing  | _____ | _____ | _____     |
|   | Date  | Time  | Signature |

**CERTIFICATE OF SERVICE ON OTHERS**

4. I certify that copies of the application/petition, two clinical certificates, statement explaining rights, and notice of hearing were served  by first-class mail  personally on \_\_\_\_\_ on \_\_\_\_\_  
Date and time Individual's  guardian  nearest relative
- and  by first-class mail  personally on \_\_\_\_\_ on \_\_\_\_\_  
Date and time Individual's attorney

5. I further certify that the individual was asked if s/he desired that other persons be served with copies of these documents, and the individual designated \_\_\_\_\_ .  
Name(s)  by mail.  personally.
- a. Copies were served on them on \_\_\_\_\_  
Date
- b. Service was not made because the person(s) could not be located.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Do not write below this line - For court use only