

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">ORDER TO MODIFY ORDER FOR ALTERNATIVE TREATMENT OR COMBINED HOSPITALIZATION AND ALTERNATIVE TREATMENT</p>	<p align="center">FILE NO.</p>
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In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no.

2. This court issued an initial second continuing order on _____ directing the individual
Date
named above to undergo a program of alternative treatment or combined hospitalization and alternative treatment.

3. The court has been notified that
 the individual is not complying with the order for alternative treatment or combined hospitalization and alternative treatment.
 alternative treatment has not been or will not be sufficient to prevent harm or injury the individual may inflict upon self or others.
 the individual believes that the alternative treatment program is not appropriate.

4. THE COURT FINDS:

IT IS ORDERED:

5. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall undergo a program of alternative treatment under the supervision of _____
 community mental health services program
 a mental health agency or professional

as follows: _____

This alternative treatment shall not exceed the time from the date of issuance of the
 initial second continuing order.

6. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall be hospitalized at _____
for the remainder of the previously-ordered hospitalization portion of the initial second continuing combined order.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall continue to undergo combined hospitalization and alternative treatment for the remainder of the previously-ordered period. The individual shall be hospitalized at _____ for a period not to exceed the remainder of the initially ordered hospitalization portion of the
 initial second continuing combined order. Alternative treatment shall be under the supervision of
_____ community mental health services program
_____ a mental health agency or professional

as follows: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the alternative treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for alternative treatment.

8. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

9. This order expires on _____ .
Date

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

This court has ordered you to be hospitalized rather than continue in an alternative treatment program. You have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

PROOF OF SERVICE

I certify that this notice was personally served on the individual named above on _____ at _____
Date Time
and a copy was mailed to the _____ Court on _____ .
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection.

Date

Signature