

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">ORDER FOLLOWING HEARING ON PETITION FOR DISCHARGE FROM CONTINUING TREATMENT OR JUDICIAL ADMISSION</p>	<p>FILE NO.</p>
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In the matter of _____

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

2. A petition has been filed by _____ requesting that the individual named above be discharged. Name

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. was not present for reasons stated on the record. The hearing was with without a jury.

Present were _____, the attorney for the individual, and _____, the attorney for the hospital/center.

5. Testimony was given by _____

6. There is is not clear and convincing evidence that
 the individual has a mental illness and continues to require treatment.
 the individual continues to meet the criteria for judicial admission to a center.
 the individual is under an order of continuing involuntary mental health treatment and is no longer a person requiring treatment.

IT IS ORDERED:

7. The individual be discharged from _____ hospital/facility/center.

8. The order requiring treatment/admission be continued.

9. The individual be hospitalized at _____ hospital under a continuing order for a period not to exceed one year.

10. The individual undergo combined hospitalization and alternative treatment for a period not to exceed one year.

Hospitalization at _____ shall not exceed 90 days.

Alternative treatment shall be under the supervision of _____
 a community mental health services program
 a mental health agency or professional

as follows: _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

10. (continued) _____

The agency or practitioner responsible for the alternative treatment program shall, at least three days before the individual's discharge from the hospital, submit to the court a written report as to the capability to supervise the program.

11. The individual be discharged from the hospital/center and undergo an alternative treatment program under the supervision of _____ a community mental health services program a mental health agency or professional

for a period not to exceed one year, as follows: _____

Date

Judge