

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE	FILE NO.
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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 _____ at _____ .
Date Time Name of hospital
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 | _____ | _____ | _____ |
| | <small>Date</small> | <small>Time</small> | <small>Signature</small> |
| b. Statement explaining individual's rights | _____ | _____ | _____ |
| | <small>Date</small> | <small>Time</small> | <small>Signature</small> |
| c. Clinical certificate of psychiatrist | _____ | _____ | _____ |
| | <small>Date</small> | <small>Time</small> | <small>Signature</small> |
| d. Clinical certificate of licensed psychologist/
physician/psychiatrist | _____ | _____ | _____ |
| | <small>Date</small> | <small>Time</small> | <small>Signature</small> |
| e. Notice of hearing | _____ | _____ | _____ |
| | <small>Date</small> | <small>Time</small> | <small>Signature</small> |

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.

a. Copies were served on them on _____ personally.
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