

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY**

**ORDER FOLLOWING HEARING ON  
OBJECTION TO RETURN TO HOSPITAL**

**FILE NO.**

In the matter of \_\_\_\_\_

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

2. An objection to return to the hospital was filed by \_\_\_\_\_  
Name

3. Notice of hearing was given to or waived by all interested persons.

4. The individual  was present in court.  
 was not present for reasons stated on the record.

Present were: \_\_\_\_\_

5. Testimony by a physician or licensed psychologist was waived by the individual and the individual's attorney.

6.  Testimony was given by \_\_\_\_\_

Testimony was not given because the parties stipulated to entry of the order.

7. The individual has withdrawn the objection to hospitalization.

**THE COURT FINDS:**

8. There  is  is not a preponderance of evidence that the individual requires hospitalization.

**IT IS ORDERED:**

9. The objection to hospitalization is withdrawn. The individual shall remain in the hospital.

10. The objection is dismissed. The individual shall remain in the hospital.

11. The individual is discharged from the hospital. The order dated \_\_\_\_\_ shall continue.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only