

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER MODIFYING PRIOR COMBINED
HOSPITALIZATION AND/OR ALTERNATIVE
MENTAL HEALTH TREATMENT ORDER**

FILE NO.



In the matter of _____

1. Date of hearing (if one): _____ 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 to the individual 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
_____ a 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 a period not to exceed the remainder of the previously-ordered hospitalization portion of the
 initial second continuing combined order.

(SEE SECOND PAGE)

USE NOTE: Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment.

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
_____ a community mental health services program
_____ a mental health agency or professional

as follows: _____

If a specific number of days is ordered initially, can the court modify the number of days later? There does not appear to be a statutory reason the number of days could not be modified. If so, should this be reworded to allow the court to write in a new number?

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 for hospitalization, 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

If the court has ordered, without a hearing, that you be hospitalized, 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 within 7 days of receiving this notice.

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 in accordance with MCR 5.744.

Date

Signature