

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

ORDER **AFTER** HEARING
ON PETITION FOR DISCHARGE FROM
CONTINUING **MENTAL HEALTH** TREATMENT

FILE NO. _____



In the matter of _____

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

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

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: _____, attorney for the individual, and
_____, attorney for the hospital.

5. Testimony was given by _____.

Testimony was waived and the parties consented to entry of the order.

6. The individual is under a one-year order of involuntary mental health treatment.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
 b. The individual no longer is a person requiring treatment.

IT IS ORDERED:

8. The individual is discharged from _____ hospital and/or from the treatment program.

9. The order requiring involuntary mental health treatment be continued.

10. The individual **is** hospitalized at _____ hospital under a continuing order for a period not to exceed one year from the date of this order.

11. The individual undergo combined hospitalization and alternative/**assisted outpatient** treatment for a period not to exceed one year from the date of this order.

Hospitalization at _____ shall not exceed 90 days.

(SEE SECOND PAGE)

Do not write below this line - For court use only

11. (continued) Alternative/**assisted outpatient** treatment shall be under the supervision of _____

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

as follows: _____

12. The individual **is** discharged from the hospital and undergo an alternative/**assisted outpatient** 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: _____

Additionally, one or more of the following is ordered: (See MCL 330.1468[2][e] for specific provisions that may be ordered.)

Should an option for AOT without hospitalization be included on this form?

Date

Judge