

STATE OF MICHIGAN PROBATE COURT Bay COUNTY	DEMAND FOR HEARING	CASE NO. and JUDGE
Court address 1230 Washington Ave. #715 Bay City, MI 48708		Court telephone no. 989-895-4206

In the matter of _____
First, middle, and last name

- 1. I am the individual, and I demand a court hearing.
- 2. I am the hospital director/designee, outpatient treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on _____
Date
 - I believe the individual continues to require treatment, but the individual refuses to sign a voluntary treatment form, and I demand a court hearing.
 - I believe the individual continues to require treatment, but the individual is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____. I believe the individual continues to require treatment and
Date
 - will not agree to sign a formal voluntary admission, and I demand a court hearing.
 - is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.
- 6. The individual is located at _____.

Date

Signature

Name (type or print)

Address

City, state, zip

(Complete only if item 5 is checked.)

ORDER TO TRANSPORT

IT IS HEREBY ORDERED that a peace officer shall take the individual into protective custody and transport the individual to the hospital stated above.

Judge signature and date