PCS CODE: DFH TCS CODE: DFH

Approved, SCAO		TCS CODE: DFH
STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND FOR HEARING	FILE NO.
In the matter of First, middle, and last nam	9	
$\Box$ 1. I am the individual, and I deman		
		rider/designee, and I demand a court hearing the individual orally demanded a hearing.
☐ 3. I am the executive director of the is participating in an outpatient t	community mental health services progreatment program in the community. Th	ram. The individual deferred the initial hearing and e deferral period ends on Date
court hearing.		n a voluntary treatment form, and I demand a uitable for voluntary treatment, and I demand a
Date . I be □ will not agree to sign a forma	where the individual has remained hospelieve the individual continues to require lyoluntary admission, and I demand a demission, and I demand a court hearing	court hearing.
$\square$ 5. The individual requires hospitali	zation pending the hearing and it is nec	essary 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 p	print\
		лик)
	Address  City, state, zip	
(Complete only if item 5 is checked.)	ORDER	
1. Date of hearing:	Judge:	
2. A peace officer shall take the indivi	dual into protective custody and transp	Bar no. ort him/her to the hospital stated above.

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form. Do not write below this line - For court use only

Signature