

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ORDER OF DISCHARGE FROM <input type="checkbox"/> DRUG <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> VETERANS TREATMENT COURT PROGRAM	CASE NO. and JUDGE
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Court address

Court telephone no.

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____	v	Defendant's/Juvenile's name, address, and telephone no. 	
		CTN/TCN	SID
Offense(s) 			

1. The defendant/juvenile was ordered to supervision in the treatment court program and ☐ did ☐ did not successfully complete the program.

IT IS ORDERED:

2. The defendant/juvenile is discharged from participation in the treatment court program.

Judge (treatment court program) signature and date

CERTIFICATE OF MAILING

I sent a copy of this order of discharge to the transferring court. I declare under the penalties of perjury that this certificate of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date

_____ Signature