Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF

ORDER FOLLOWING HEARING ON APPEAL OF RETURN TO HOSPITAL/FACILITY

FILE NO.

PCS CODE: OHH

TCS CODE: OHH

	FROM AUTHORIZED LEAVE	
In the matter of	iddle, and last name	
	Judge:	
2. An appeal of return	to the hospital or facility from an authorized leave in excess of 1	Bar no. O days was filed by
4. The individual	·	□ with nearing was □ without a jury.
Present were:		, attorney for the individual, and
5. Testimony was give	en by	
to be a person re 7. The individual a. There is clear b. The director of treatment in the	ate has been filed with this court stating reasons for the return an equiring treatment in a hospital and has set forth a plan for furthed does does not require treatment. If and convincing evidence that the individual requires treatment a of the hospital or facility lacked an adequate basis for concluding the hospital or facility. If meets the criteria for judicial admission for treatment.	r treatment. t a hospital.
 9. The individual is 10. The individual i 11. The individual i supervision of the order of ho 	smissed and the individual is returned to the hospital/facility. discharged from the hospital or facility. is returned to authorized leave status. is discharged from the hospital and shall undergo an assisted ou for a pospitalization of up to 60 days or a continuing order, in any event the combined time the individual has been hospitalized and on authorized.	period of days, under the not to exceed the difference between
supervision of the order of ho	is discharged from the hospital and shall undergo an assisted ou for a p spitalization of up to 90 days or a continuing order, in any event no ombined time the individual has been hospitalized and on author	eriod of days, under ot to exceed the difference between one
☐ 13. The individual exceed one ye	shall receive care and treatment through an alternative to admissear.	ion to a facility for a period not to
Date	 	