

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

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

1. I, _____, state that the individual is subject to a one-year order
Name (type or print)
of involuntary mental health treatment and I am

the Director, or designee of Tribal Behavioral Health, or the executive director of the community mental health services program for the county of residence of the individual.

hospitalized in _____
Name of hospital

under a one-year assisted outpatient or a one-year combined treatment order under the supervision of

2. I object to the conclusion(s) in the periodic review report of _____
Name of patient/resident
dated and filed with this court. The individual named in that report is not a person requiring continuing involuntary mental health treatment and should be discharged from the program. My objection is based on the following reasons:

3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

4. I **REQUEST** that the court set a hearing and order a discharge.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner