

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

In the matter of \_\_\_\_\_  
First, middle, and last name

**NOTICE**

TO THE MENTAL HEALTH COURT: Attached is a petition for hospitalization and two clinical certificates. You are notified that

1. The individual named above was hospitalized on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_.  
Date Time Name of hospital

2. The clinical certificate of the psychiatrist that is required for hospitalization was completed on \_\_\_\_\_ at \_\_\_\_\_.  
Date Time

**CERTIFICATE OF SERVICE ON PATIENT**

3. I certify that on the dates and times indicated a copy of each of the following documents was given to the individual named above.

a. Petition

\_\_\_\_\_ Date Time Signature

b. Statement explaining individuals rights

\_\_\_\_\_ Date Time Signature

c. Clinical certificate of psychiatrist

\_\_\_\_\_ Date Time Signature

d. Clinical certificate of licensed psychologist/physician/psychiatrist

\_\_\_\_\_ Date Time Signature

e. Notice of hearing

\_\_\_\_\_ Date Time Signature

**CERTIFICATE OF SERVICE ON THE OTHERS**

4. I certify that copies of the petition, two clinical certificates, statement explaining rights, and notice of hearing were served

by first-class mail  personally on \_\_\_\_\_ on \_\_\_\_\_  
Date and time Individual's  guardian  nearest relative

by first-class mail  personally on \_\_\_\_\_ on \_\_\_\_\_  
Date and time Individual's attorney

5. I further certify that the individual was asked whether to serve other persons with copies of the above documents.

a. \_\_\_\_\_ was designated.

Name  
 Copies could not be served.  Copies were served  by first-class mail  personally on \_\_\_\_\_  
Date

b. \_\_\_\_\_ was designated.

Name  
 Copies could not be served.  Copies were served  by first-class mail  personally on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date Signature