

**McLaren Northern Michigan**  
**Notice of Hospitalization and Certificate of Service**

Approved, SCAO

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY OF _____</b>	<b>NOTICE OF HOSPITALIZATION AND</b> <b>CERTIFICATE OF SERVICE</b>	<b>FILE NO.</b>  
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In the matter of \_\_\_\_\_  
First, middle, and last name

**NOTICE**

TO THE PROBATE COURT: Attached is a petition for hospitalization and two clinical certificates. You are noticed 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's 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 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  
**and**  
 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

Do not write below this line – For court use only