

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	CERTIFICATE OF LEGAL COUNSEL / STIPULATION / WAIVER OF ATTENDANCE	FILE NO.
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In the matter of _____

CERTIFICATE OF LEGAL COUNSEL

- I have been appointed by the court as legal counsel for the individual named above.
- A hearing on the petition for mental health treatment/admission/hospitalization/assisted outpatient treatment has been set as follows:

_____ 1200 N Telegraph Rd Pontiac, MI 48341 _____
 Date Location Time Judge:

- I certify that I personally have seen and consulted with the individual at least 24 hours before the time set for the hearing.

 Date Signature of attorney Bar no.

 Attorney name (type or print)

 Address City, state, zip Telephone no.

STIPULATION / WAIVER OF ATTENDANCE

- _____ has been appointed my legal counsel whom I have personally seen and consulted with at least 24 hours before the hearing.
- I have been advised of my rights pursuant to MCL 330.1455.
- I understand my right to be present at the hearing on the petition for mental health treatment/admission/hospitalization/assisted outpatient treatment set for the date stated above, but I waive that right.

I, the subject of the petition, stipulate to the entry of an order not to exceed:
Inpatient Treatment: 60 days 90 days 1-year inpatient/hospitalization.
Assisted Outpatient Treatment: The total order not to exceed
 90 days 180 days 1 year combined inpatient hospitalization (if checked above) and assisted outpatient treatment. Order includes services as prescribed by the hospital treatment team.

- I withdraw my petition for discharge.
 I waive my attendance only.

 Date Signature of the individual named above

Witness: _____
 Signature of legal counsel

Do not write below this line – For court use only

FILED _____ **20** _____

Deputy Probate Register