JIS CODE: CLC/WOA

STATE OF MICHIGAN PROBATE COURT COUNTY OF OAKLAND	CERTIFICATE OF LEGAL COUNSEL / STIPULATION / WAIVER OF ATTENDANCE	FILE NO.

In the matter of _____

CERTIFICATE OF LEGAL COUNSEL

1. I have been appointed by the court as legal counsel for the individual named above.
2. 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:

3. 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

1. _____ has been appointed my legal counsel whom I have personally seen and consulted with at least 24 hours before the hearing.
2. I have been advised of my rights pursuant to MCL 330.1455.
3. 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 impatient/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.

NGRI: Inpatient ☐ 60 days ☐ 90 days ☐ 1-year

NGRI: Assisted Outpatient Treatment ☐ 60 days ☐ 90 days ☐ 1-year

☐ 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