

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	RECOMMENDATION FOR MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of: _____

I, _____ as _____ make the following recommendation(s) for
 Name Title

mental health treatment regarding the pending petition in this case:

- Hospitalization up to _____ days at the current hospital or any appropriate facility.
- Assisted outpatient treatment up to _____ days.
- A combination of hospitalization at the current hospital or any appropriate facility and assisted outpatient treatment up to _____ days.

 Date Signature

Do not write below this line - For court use only