**Probate - Application for Voluntary Treatment**

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| IN THE MATTER OF: | | |  | | Case Number MI- | | |  |
| Hearing Date: | |  | |  | | | | |
| Agency: |  | | | | | Physician: |  | | |

1. Your treatment agency has recommended you be discharged from outpatient community probate status.
2. You will no longer be under court jurisdiction; however, you can voluntarily accept treatment at your agency.

**I have read and understand the information above and my questions about being a voluntary**

**patient have been answered.**

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|  |  |  |
| Signature of Patient/Client | | Physician Signature |
|  |  |  |
| Date | | Date |