**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 |