**Probate - Request for Dismissal**

|  |  |  |  |
| --- | --- | --- | --- |
| IN THE MATTER OF:  |       | Case Number MI- |       |
| Hearing Date |       |  |
|  |
| **[ ]  Central Clinic**  |  **[ ]  GCBHS**  |  **[ ]  Talbert House**  |  **[ ]  LYS**  |  **[ ]  VA**  |
| **[ ]  New Path**  |  **[ ]  Central Connection**  | **[ ]  Other:**  |       |

**Reasons for Request of Dismissal:**

|  |  |
| --- | --- |
| [ ]  | Moved out of County |
|  | CM Notification Date  |   | Location |       |
|  | Length of Stay at New Residence:  |       |
| [ ]  | Deceased  | Date of Death |       |  |
| [ ]  | Admission to Long Term Care: |
|  | Admission Date |       | Facility |       |
|  | Are the physical and psychiatric needs being met? [ ]  Yes [ ]  No Explain Below |
|  |       |
| [ ]  | Other reason not stated above:      |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Case Manager | Date of Report |
|       |  |       |
| Printed Name of Case Manager  | Case Manager’s Phone Number |