**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 |