

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	NOTIFICATION OF COMPLETED AND FILED CASE MANAGEMENT/TREATMENT PLAN	FILE NO.
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In the matter of: _____

I, _____ certify that:
Name

- A comprehensive case management plan prepared by a psychiatrist was provided to the respondent, the following Community Mental Health (CMH) Agency, _____, and the Clinically
CMH Agency Name
Responsible Service Provider, _____
Clinically Responsible Service Provider
on _____ and is available for review should the Court request it.
Date

- I am a representative at the following Community Mental Health (CMH) Agency, _____, and certify that an updated Treatment Plan is on file at my agency and is available for review should the Court request it.

Date

Signature

Title

Do not write below this line - For court use only