

STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE	<b>NOTIFICATION OF COMPLETED AND FILED  CASE MANAGEMENT/TREATMENT PLAN</b>	<b>FILE NO.</b>
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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

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Do not write below this line - For court use only