SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT MENTAL HEALTH DIVISION	SUPPLEMENT TO CLINICAL CERTIFICATE ON APPEAL OF RETURN TO HOSPITAL/FACILITY	Case No.

6954 East Broadway, Mount Pleasant MI 48858 (989) 775-4800

In the matter of: _____
First, middle, and last name

Attached is my clinical certificate (form MH 208) setting forth why the above person requires treatment. I further certify and report as follows.

1. The reason(s) for this individual's return to the hospital or facility from authorized leave, and the need for treatment in a hospital or facility are

_____

_____

_____

2. The plans for further treatment of the individual are

_____

_____

_____

3. Should the court rule against the return of this individual, I recommend the court consider the following alternatives instead of a return to authorized leave status, if any of these options are available.

- ☐ Day treatment in a hospital or facility
- ☐ Residential placement
- ☐ Inpatient treatment at a private psychiatric unit, or a private residential facility
- ☐ Night treatment in a hospital or facility
- ☐ Custody of a friend or relative
- ☐ Assisted outpatient treatment
- ☐ Home care or homemaker service
- ☐ Day activity programs

☐ Other:_____

_____

☐ None of the above merits exploration. (state reasons)

_____

_____

_____

I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____	_____	_____
Date	Signature	Title (physician, psychiatrist, licensed psychologist)