

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**OBJECTION OF MINOR TO  
SUBSTANCE ABUSE TREATMENT PLAN**

**FILE NO.**

In the matter of \_\_\_\_\_, a minor

1. I am \_\_\_\_\_ years of age.

2. The court ordered me to receive substance abuse treatment and rehabilitation services.

3. A review of my treatment plan was conducted and I received a copy of the review on \_\_\_\_\_ .  
Date

4. I object to my substance abuse treatment plan and request a court hearing on this objection. The basis for my objection is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

Do not write below this line - For court use only