

STATE OF MICHIGAN PROBATE COURT OAKLAND COUNTY	ORDER AUTHORIZING INDEPENDENT EXAMINATION	FILE NO.
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In the matter of _____

1. Date of hearing: _____ Judge: _____

IT APPEARING TO THE COURT that:

2. A motion for independent examination has been requested by _____
through his/her attorney, _____.

IT IS ORDERED that:

3. An independent examination be conducted upon the person of _____
by _____

4. _____ be and hereby is authorized to examine said respondent's complete
medical records at the _____.

5. The Independent Examination shall be paid at the rate of \$125/hour (not to exceed \$500) and \$75/hour for in-court testimony.

6. That said hearing be and is hereby adjourned to the _____ at _____
before Judge _____.

7. The attorney is to leave a copy of the order authorizing independent examination in the Medical Records Department at _____

8. If the individual is an in-patient, the Independent Examiner shall report to Medical Records before visiting the patient.

Judge

Do not write below this line – For court use only

FILED _____ 20 _____

Deputy Register of Probate