

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU COMMUNITY AND HEALTH SYSTEMS

**APPEAL OF A NOTICE OF INVOLUNTARY TRANSFER OR DISCHARGE**

This form is request a hearing due to a Notice of Involuntary Transfer or Discharge. Request must be sent to the department within 10 days of the Notice. If you have questions, please call (517) 241-1970. Please type or print:

Resident Requesting Hearing:		
Address Where Resident Wants Hearing Correspondence Mailed To:		
City:	State:	Zip Code:
Resident/Guardian/DPA Daytime Telephone Number:		
Nursing Home Name:		
Nursing Home Address:		
City:	State:	Zip Code:
Date When Notice of Involuntary Transfer Or Discharge Was Received:		
Person Requesting Appeal (completion of this section acts as an electronic signature):		
<p>Person requesting a hearing must be one of the following:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Resident</div><div><input type="checkbox"/> Durable Power of Attorney (DPA) for Resident</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Guardian of Resident</div>		
<p>Return completed form to:</p> <p>Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems Request for Hearing – Involuntary Transfer/Discharge P.O. Box 30664 Lansing, MI 48909 (Street Address: 611 W. Ottawa Street, Lansing, MI 48933) FAX: (517) 241-3354 <a href="mailto:LARA-BCHS-InvoluntaryTransfer@michigan.gov">LARA-BCHS-InvoluntaryTransfer@michigan.gov</a></p>		