PROBATE COURT OF SENECA COUNTY, OHIO JAY A. MEYER, JUDGE

ESTATE OF _____, DECEASED

CASE NO.

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL **BILLING RECORDS**

[R.C. 2113.032]

Now comes		the	of the
(Applicant	's Name)	(Relationshi	p)
above named decedent who	lied on	and resided at	
		whose last four	(4) digits of his/her
social security number are	, an	d hereby requests authority	to obtain information
regarding decedent's medica	l records and medic	al billing records for the pu	rpose of evaluating a
potential wrongful death, per	sonal injury, or surv	vivorship action on behalf o	f the decedent.

Applicant states the following:

□ Applicant is an individual who is eligible to be appointed as a personal representative of the above named decedent's estate under Ohio law; or

□ Applicant is named as executor in the above named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Signature

Typed or Printed Name

Address

Phone Number