

**INSTRUCTIONS FOR PETITION FOR INVOLUNTARY TREATMENT FOR  
ALCOHOL AND OTHER DRUG ABUSE**  
[R.C. 5119.90-5119.98]

**PLEASE READ VERY CAREFULLY!!**

**\*\*\*The employees of Probate Court are unable to provide assistance filling  
out forms\*\*\***

**Everything on all pages must be filled out completely.**

- PLEASE TYPE OR WRITE LEGIBLY.
- The person who is filing the Petition must set forth facts that someone is suffering from alcohol and other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others if not treated for substance abuse. The Petition must be signed by the person who is filing the paperwork in front of a notary public.
- The certificate of physician must be filled out completely by a physician that has examined the person who is suffering from alcohol and other drug abuse within two (2) days prior to the day the petition is filed with the court.
- The statement of treatment provider must be completed by the facility that is going to be providing the treatment.
- The person filing the paperwork is responsible for all fees, court costs, evaluation assessment costs, sheriff fees (if any apply), hearing fees, and treatment costs as stated in the Ohio Revised Code.
- The person filing the paperwork must place a security deposit for 50% of the total amount of the cost of treatment with the court at the time of filing of the petition and petitioner must sign a guarantee for the rest of the payment of treatment.

**ALL MONEY IS DUE AT THE TIME OF FILING OF THE PETITION.**

**THERE WILL NOT BE ANY REFUNDS FOR THE INITIAL FILING COURT COSTS.**

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**PETITION FOR INVOLUNTARY TREATMENT FOR  
ALCOHOL AND OTHER DRUG ABUSE**  
[R.C. 5119.93]

RESPONDENT'S Residence Address: \_\_\_\_\_

RESPONDENT'S Current Location (if different): \_\_\_\_\_

PETITIONER: \_\_\_\_\_

PETITIONER'S Address: \_\_\_\_\_

States that he/she is:

Spouse;  Relative \_\_\_\_\_  Guardian of the above named Respondent

PETITIONER further states that the name, address, and residence of person related to the Respondent are (if known)

Parents or guardian: \_\_\_\_\_  
Name and complete address

Spouse: \_\_\_\_\_  
Name and complete address

Person having custody of Respondent: \_\_\_\_\_  
Name and complete address

Nearest Relative: \_\_\_\_\_  
Name and complete address

Friend: \_\_\_\_\_  
Name and complete address

PETITIONER believes that Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief)

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

CASE NO. \_\_\_\_\_

PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family, or others if not treated because: (state facts to support belief)

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Check one:

- Certificate of Physician is attached.  
OR  
 Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by:

- 1.) A security deposit in the amount of \$\_\_\_\_\_.
- 2.) Guarantee of Payment form.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name of Attorney (Please Print)

\_\_\_\_\_  
Name of Petitioner (Please Print)

Sworn before me and signed in my presence on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

### VERIFICATION OF TREATMENT BY PETITIONER

\*\*\*A statement from Facility MUST accompany this petition\*\*\*

\_\_\_\_\_, the petitioner, has arranged for the treatment of  
Name of Petitioner

\_\_\_\_\_ to be facilitated by:  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City, State, Zip Code)

CASE NO. \_\_\_\_\_

**GUARANTEE OF PAYMENT**

[R.C. 5119.93(D)(2)]

Pursuant to R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)

\_\_\_\_\_  
Complete Billing Address

Sworn before me and signed in my presence on \_\_\_\_\_ of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**CERTIFICATE OF PHYSICIAN**  
[R.C. 5119.92 and 5119.93(C)(1)]

Affiant states that he/she is a Physician as defined in Chapter 4731 of the Ohio Revised Code.

Affiant states that he/she examined the above named Respondent on: \_\_\_\_\_  
and based on that examination, in his/her professional opinion, the Respondent:

- does       does not    suffer from alcohol and/or drug abuse
- does       does not    present an imminent danger or imminent threat of danger to self, family,  
or others if not treated
- does       does not    present a substantial likelihood of such a threat in the near future; and
- can         cannot      reasonably benefit from treatment

The facts that support Affiant's belief that Respondent does suffer from alcohol and/or drug abuse  
and the need for treatment:

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Type of Treatment:     Inpatient       Outpatient

Length of Treatment: \_\_\_\_\_

CASE NO. \_\_\_\_\_

Affiant further certifies that he/she knows that the following treatment facilities are willing and able to provide the recommended treatment:

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Name and Title of Physician (Please Print)

\_\_\_\_\_  
Telephone Number of Physician

\_\_\_\_\_  
License Number of Physician

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**AFFIDAVIT OF REFUSAL OF EXAMINATION**  
[R.C. 5119.93(C)(1)]

I, \_\_\_\_\_, Petitioner, filed in this Court a  
Petition on \_\_\_\_\_ alleging that \_\_\_\_\_,  
Respondent, is a person in need of substance abuse treatment by Court Order.

Respondent has refused all requests made by me, the Petitioner, to undergo a  
physician's examination concerning the possible need for substance abuse treatment.

\_\_\_\_\_  
Petitioner's Printed Name

\_\_\_\_\_  
Petitioner's Signature

Sworn to and signed in my presence on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**STATEMENT OF TREATMENT**

[R.C. 5119.93(C)(2)]

\_\_\_\_\_ hereby agrees to provide the  
Name of Treatment Provider

appropriate treatment for \_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City, State, & Zip Code)

\_\_\_\_\_  
Name of Contact Person at Treatment Provider

\_\_\_\_\_  
Telephone Number for Treatment Provider

\_\_\_\_\_  
Fax Number for Treatment Provider

\_\_\_\_\_  
Estimated Time for Treatment

\_\_\_\_\_  
Estimated Cost of Treatment

\_\_\_\_\_  
Signature of Authorizing Agent at Treatment Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Agent at Treatment Provider



PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE OF HEARING ON PETITION**  
[R.C. 5119.94(B)(2)]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that a Hearing is set on the Petition filed in this Court alleging that \_\_\_\_\_ is a person in need of involuntary treatment for alcohol or other drug abuse.

The Hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_.M.,  
at \_\_\_\_\_ County Probate Court, \_\_\_\_\_.

Attached is a copy of the Petition.

\_\_\_\_\_  
Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE TO RESPONDENT AND  
ORDER TO APPEAR FOR EXAMINATIONS AND HEARING**  
[R.C. 5119.94(B)(3)(4) and (5)]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that on \_\_\_\_\_, \_\_\_\_\_ filed in this Court a Petition alleging that \_\_\_\_\_ is a person in need of involuntary treatment for alcohol and/or other drug abuse by Court Order. The Petition is set for a Hearing before this Court at:

Place: \_\_\_\_\_ County Probate Court, \_\_\_\_\_,

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ is to be examined by a Physician for the purpose of a physical examination and by a Qualified Health Professional for the purpose of a drug and alcohol addiction assessment and diagnosis no later than 24 hours before the Hearing. These examinations will be held at:

Place: \_\_\_\_\_,

Date: \_\_\_\_\_ Time: \_\_\_\_\_

You are hereby ordered to appear at both the Court hearing and the examinations.

You are hereby notified that you have the following rights:

\*You may retain counsel. If you are indigent, you may be represented by Court-appointed counsel upon request.

\*You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.

CASE NO. \_\_\_\_\_

Attached is a copy of the Petition.

\_\_\_\_\_  
Judge/Magistrate

RETURN OF SERVICE

I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named Respondent.

\_\_\_\_\_  
Process Server

\_\_\_\_\_  
Date Served

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE TO RESPONDENT AND EMERGENCY ORDER  
TO REPORT TO HOSPITAL**

[R.C. 5119.95]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that on \_\_\_\_\_, \_\_\_\_\_ filed in this Court a Petition alleging that \_\_\_\_\_ is a person in need of involuntary treatment for alcohol and/or other drug abuse by Court Order.

The Court has received a certification from a qualified health professional that \_\_\_\_\_ suffers from alcohol and other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and other drug abuse.

By clear and convincing evidence, the Court finds that \_\_\_\_\_ presents an imminent danger or threat of danger to self, family, or others as a result of alcohol and other drug abuse and hereby orders that \_\_\_\_\_ be hospitalized immediately at the following hospital:

Place: \_\_\_\_\_,

\_\_\_\_\_ is to be held at the hospital until:

Date: \_\_\_\_\_, Time: \_\_\_\_\_, or

The time of the Hearing.

The Petition is set for a Hearing before this Court at:

Place: \_\_\_\_\_ County Probate Court, \_\_\_\_\_,

Date: \_\_\_\_\_ Time: \_\_\_\_\_

CASE NO. \_\_\_\_\_

You are hereby notified that you have the following rights:

- You may retain counsel. If you are indigent, you may be represented by Court-appointed counsel upon request.
- You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.
- Upon reporting to the hospital, you may make a reasonable number of phone calls or use other reasonable means to:

contact an attorney, a licensed physician, or a qualified health professional,

contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance.

You will also be provided with assistance in making calls if the assistance is needed or requested.

Attached is a copy of the Petition and the Certification by the qualified health professional.

\_\_\_\_\_  
Judge

**RETURN OF SERVICE**

I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named Respondent.

\_\_\_\_\_  
Process Server

\_\_\_\_\_  
Date Served

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

### RESPONDENT'S RIGHTS

[R.C. 5119.95]

1. You are hereby notified that on \_\_\_\_\_, a petition was filed in the \_\_\_\_\_ County, Ohio, Court of Common Pleas, Probate Division, alleging that you:

- **suffer from alcohol and other drug abuse;**
- **present an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and**
- **can reasonably benefit from treatment.**

2. You have the right to:

1. BE NOTIFIED AND BE PRESENT AT HEARING to determine whether or not you are in need of involuntary treatment for alcohol and other drug abuse by Court order.
2. RETAIN A PHYSICIAN for the purpose of a physical examination and a qualified health professional for the purpose of a drug and alcohol assessment at your own expense.
3. RETAIN COUNSEL if you are unable to afford an attorney, you will be represented by Court-appointed counsel.
4. Make immediately a REASONABLE NUMBER of telephone calls or use other means to contact an attorney, physician, or a qualified health professional, or to contact some other person or persons to secure representation by counsel if you are hospitalized pending the hearing.

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**AFFIDAVIT OF INDIGENCY**

\_\_\_\_\_, respondent, being first duly cautioned and sworn, states the following facts are true:

1. My current address is: \_\_\_\_\_.
2. I have lived at this address for: \_\_\_\_\_.
3. My current monthly income is: \_\_\_\_\_.
4. My monthly source of income is: \_\_\_\_\_.
5. My monthly expenses are: \_\_\_\_\_.
6. I am responsible for the care of \_\_\_\_\_ persons
7. I own the following:

Real Estate	\$ _____.
Bank Accounts	\$ _____.
Automobile(s)	\$ _____.
Other (stocks, bonds, IRA, etc.)	\$ _____.
TOTAL OF ASSETS	\$ _____.

\_\_\_\_\_  
Affiant, Respondent

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**ENTRY**

Upon consideration of the Affidavit of Indigency, the Court finds the respondent is indigent and orders the appointment of Court-Appointed Counsel.

\_\_\_\_\_  
Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

### ENTRY APPOINTING COUNSEL

The Court finding that the Respondent is indigent, the Court, under R.C. 5119.94(B)(3), appoints \_\_\_\_\_, Attorney at Law, whose address is

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

Telephone No. \_\_\_\_\_

In the event that the above captioned person is not indigent, the Court shall assess costs to said person.

\_\_\_\_\_  
Judge/Magistrate



PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**PROBABLE CAUSE HEARING DECISION AND ENTRY**

On \_\_\_\_\_, this cause came on to be heard upon evidence presented in the Petition that was filed on \_\_\_\_\_ by \_\_\_\_\_.

The Court finds that the Petitioner was examined under oath as to the contents of the Petition.

The Court proceeded to hear the evidence and after full and careful consideration thereof the Court finds that there is sufficient evidence to establish by probable cause that the respondent:

- suffers from alcohol and other drug abuse;**
- presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and**
- can reasonably benefit from treatment.**

IT IS ORDERED that a Full Hearing is to be held on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Time)  
\_\_\_\_\_ County Probate Court \_\_\_\_\_ to  
(Address)

determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment for alcohol and other drug abuse.

Written notice of said hearing shall be given by mail or otherwise to all persons entitled to notice.

\_\_\_\_\_  
Judge/Magistrate

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ENTRY SETTING HEARING & ORDERING NOTICE**

On \_\_\_\_\_ a Petition alleging \_\_\_\_\_  
to be in need of involuntary treatment for alcohol and other drug abuse by Court Order, was  
filed in this Court by \_\_\_\_\_.

A Probable Cause Hearing was held on \_\_\_\_\_ and the  
Court found that there is probable cause to believe that the Respondent may reasonably  
benefit from involuntary treatment for alcohol and other drug abuse.

Therefore, it is ORDERED that a Hearing on the Petition will be heard before this  
Court at \_\_\_\_\_ at \_\_\_\_\_  
o'clock \_\_\_\_\_ M., at \_\_\_\_\_ County Probate Court, \_\_\_\_\_  
\_\_\_\_\_ and that written notice of said hearing shall be  
given by mail or otherwise to all persons entitled to notice who have not waived notice.

\_\_\_\_\_  
Judge

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**SUMMONS**

TO THE FOLLOWING NAMED RESPONDENT:

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

YOU HAVE BEEN NAMED AS A RESPONDENT IN A PETITION FILED IN THE  
\_\_\_\_\_ COUNTY COURT OF COMMON PLEAS, PROBATE  
DIVISION, \_\_\_\_\_, OHIO \_\_\_\_\_.

BY \_\_\_\_\_ PETITIONER.

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

A COPY OF THE PETITION IS ATTACHED HERETO. THE NAME AND ADDRESS OF THE  
PETITIONER'S ATTORNEY IS:

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

(1) YOU WERE ORDERED TO APPEAR FOR A MEDICAL EXAMINATION ON  
\_\_\_\_\_, AND FAILED TO APPEAR. YOU ARE HEREBY  
SUMMONED AND REQUIRED TO APPEAR AT \_\_\_\_\_  
HOSPITAL BY \_\_\_\_\_.

(2) IF YOU FAIL TO COMPLY WITH THIS SUMMONS, YOU WILL BE SUBJECT TO AN  
ORDER TO BE TRANSPORTED BY THE SHERIFF OR ANY OTHER PEACE OFFICER TO A  
HOSPITAL OR TREATMENT FACILITY.

By: \_\_\_\_\_  
Deputy Clerk

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ORDER TO TRANSPORT**

To \_\_\_\_\_ of \_\_\_\_\_ County, Ohio

All the proceedings prescribed by law mandate that \_\_\_\_\_,  
the respondent be admitted to the \_\_\_\_\_, therefore,  
you are commanded forthwith to transport the respondent to the \_\_\_\_\_  
\_\_\_\_\_. After executing this order you will make due return  
thereof to this office.

WITNESS my signature and the seal of said Probate Court at \_\_\_\_\_,  
Ohio this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**RETURN**

Received this Order to Transport this day, and I executed the same by transporting the person to the place designated.

\_\_\_\_\_  
Sheriff/Person Appointed/Police Officer

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ORDER**

On \_\_\_\_\_, this cause came on to be heard upon evidence presented.

The Court finds from the evidence that the Respondent was served with notice of this hearing on \_\_\_\_\_ and that other parties entitled to notice have been served.

The Court finds that the Respondent is a resident of \_\_\_\_\_ County, Ohio.

The Court proceeded to hear the evidence and by clear and convincing thereof, the Court finds that the Respondent:

- suffers from alcohol and/or other drug abuse;
- presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and/or drug abuse or there exists a substantial likelihood of such a threat in the near future; and
- can reasonably benefit from treatment.

Based upon the recommendation of the treating Qualified Health Professional, the Court finds that IN / OUT patient treatment is consistent with the treatment goals.

Therefore, it is recommended that the Court issue an order that \_\_\_\_\_, Respondent, attend treatment at \_\_\_\_\_ for a period not to exceed \_\_\_\_\_, from the date of this decision.

A party shall not assign as error on appeal the Court's adoption of any factual finding or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ.R. 53(D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ.R. 53(D)(3)(b).

\_\_\_\_\_  
 Magistrate

\_\_\_\_\_  
 Judge