

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

IN THE MATTER OF \_\_\_\_\_, AN ADULT

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

**PETITION FOR PROTECTIVE SERVICES**  
[R.C. 5101.65]

1. Petitioner, \_\_\_\_\_, is an authorized provider of adult protective Services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above named Adult is in need of protective services.

2. The Adult, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_ is \_\_\_\_\_ years of age, with a date of birth of \_\_\_\_\_  
and is alleged to be an incapacitated person subject to abuse, neglect, or exploitation.

3. The specific facts alleging the abuse, neglect, or exploitation are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The proposed protective service plan including the least restrictive placement, if applicable, is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The Adult and the following persons are required to receive notice pursuant to R.C. 5101.66:

Name	Address	Relationship to Adult
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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6. The Adult has not consented and there is no person authorized by law or court order available to give consent to the protective services.

WHEREFORE, the Petitioner requests the Court to authorize the implementation of the proposed protective services plan and for such other relief as may be equitable.

\_\_\_\_\_ County Department of Job and Family Services

\_\_\_\_\_  
Attorney

By: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
E-mail