11. SAMPLE COURT-ORDERED EMERGENCY PROTECTIVE SERVICE ORDER

IN THE COURT OF COMMON PLEAS BLANK COUNTY, OHIO PROBATE DIVISION

BLANK COUNTY DEPARTMENT)	CASE NO.
OF JOB AND FAMILY SERVICES)	
ADULT PROTECTIVE SERVICES)
VS.)
) <u>PETITION OF</u>
) <u>COUNTY FOR COURT ORDERED</u>
) <u>EMERGENCY PROTECTIVE</u>
) <u>SERVICE ORDER</u>
)

_____ County Department of Job and Family Services, Adult Protective Services (______ County DJFS, APS), moves this honorable court for an order authorizing the provision of Protective Services pursuant to R.C. Section 5101.69, for the reasons set forth below:

- The petitioner has received a referral concerning ______, and has investigated the facts and circumstances set forth in the affidavit of Social Worker, ______. Petitioner submits that _______ is in need of Adult Protective Services, specifically medical and nursing services in order to maintain his/her physical health, as set forth in the affidavit of Social Worker, ______, which is attached hereto and expressly incorporated herein by reference;
- Petitioner states that the Adult is suffering from abuse/neglect/exploitation and in need of protective services as defined in R.C. 5101.60 (I) and (K) and that an emergency exists as defined by 5101.60 (E);

11. SAMPLE COURT-ORDERED EMERGENCY PROTECTIVE SERVICE ORDER - *cont*.

3.	Petitioner proposes the following Protective Service Plan to alleviate the condition		
	affecting		
	A. Adult to remain at located at,		
	, Ohio for care and treatment as prescribed by his/her attending		
	physician and for placement.		
	B. An order allowing the Administrator of County DJFS, APS or		
	her designee to consent to medical treatment, hospital and/or nursing home		
	admission until such time as a guardian can be appointed for		
	C. All persons be restrained from removing from		
	or other medically prescribed placement and/or interfering with		
	other provision of protective service to the Adult.		
WHE	REFORE, Petitioner respectfully requests that a hearing be set and that the petition		

of _____ County DJFS be granted.

Respectfully submitted,

Prosecuting Attorney,

_____ County, Ohio

BY:

Atty _____ Assistant Prosecuting Attorney Address City, Ohio Zip Code Phone ATTORNEY FOR PETITIONER