The Supreme Court *of* Ohio

SPECIALIZED DOCKETS SECTION

Standards Non-Compliance
Complaint Form

Complete this form and submit it to the Supreme Court of Ohio Specialized Dockets Section
65 South Front Street, Columbus, Ohio 43215-3431. Fax: 614.387.9409. Email: sd.compliance@sc.ohio.gov.

Personal Information (Please print clearly)

Name _____ _____ _____
First Middle Last

Language You Speak _____

Address _____ _____ _____ _____
Street City State Zip Code

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Court Information

Court Name _____ Judge Name _____

Address _____ _____ _____ _____
Street City State Zip Code

Phone (____) _____ Specialized Docket Type _____

Form continues on next page.

Reason for Filing Complaint (Check all that apply)

- ❑ Non-compliance with Standard 1: Planning Process
- ❑ Non-compliance with Standard 2: Legal and Clinical Eligibility
- ❑ Non-compliance with Standard 3: Program Entry and Case Flow
- ❑ Non-compliance with Standard 4: Treatment and Rehabilitation
- ❑ Non-compliance with Standard 5: Docket Progression
- ❑ Non-compliance with Standard 6: Treatment Team
- ❑ Non-compliance with Standard 7: Participant Monitoring
- ❑ Non-compliance with Standard 8: Incentives, Sanctions, and Therapeutic Adjustments
- ❑ Non-compliance with Standard 9: Substance Monitoring
- ❑ Non-compliance with Standard 10: Program Completion
- ❑ Non-compliance with Standard 11: Professional Education
- ❑ Non-compliance with Standard 12: Effectiveness Evaluation
- ❑ Non-compliance with Standard 13: Constitutional and Due Process Rights

Describe Non-Compliance

Describe the non-compliance with the identified standard(s), including the date(s) of the alleged incident(s) and any attempts to address the concern with the specialized docket (You may also submit supporting documentation as a supplement to this form):

Signature _____ **Date** _____

PRINT FORM