

PROBATE COURT OF _____ COUNTY, OHIO
 _____, JUDGE

IN THE MATTER OF _____
 (Patient's Name)

CASE NO. _____

CERTIFICATE OF EXAMINATION

[R.C. 5122.11]

Age	Date of Birth	Place of Birth	Sex	Race	Marital Status	Social Security Number
Patient's Address (Street, City, County, State, and Zip Code)						

The undersigned certify that they are either a **psychiatrist** or a **licensed clinical psychologist *and* a licensed physician** of the State of Ohio, and that the following are facts relating to the examination of the above named person.

I/we further certify that I/we have, with care and diligence, personally observed and examined the named person on the _____ day of _____, 20_____. The examination occurred at _____.

I/we have reviewed the Affidavit of Mental Illness to be filed with the Court, and as a result of my/our examination:

I/we believe this person meets one of the first four criteria listed on the Affidavit and, therefore, is a person with mental illness and subject to **hospitalization** by court order because of the risk they present. (Undersigned should ensure that one of the first four boxes on page 1 of the Affidavit is checked.)

or

I/we believe this person meets the fifth criteria listed on the Affidavit and, therefore, is a person who can benefit from **community based treatment** at this time, is in need of treatment to prevent deterioration that will likely result in a substantial risk to self or others, is unlikely to survive safely in the community without supervision, and is unlikely to participate in treatment voluntarily. (Undersigned should ensure that the fifth box on page 1 of the Affidavit is checked).

The findings that support my/our recommendation are: (Please indicate any physical or mental conditions demanding the immediate attention such as withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information the examiner considers important and/or any specific treatment recommendations): _____

