PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF DOCTOR'S EVALUATION

[R.C. 5122.14]

The undersigned, having been duly sworn, states that _____ _____ the alleged mentally ill person subject to court order, refused to submit to an examination by a psychiatrist or a licensed clinical psychologist and licensed physician.

Dated this _____ day of _____, 20_____.

_____
Affiant

Sworn to and subscribed before me, a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____, 20_____.

_____
Deputy Clerk/Notary Public