

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

\_\_\_\_\_, JUDGE

IN THE MATTER OF \_\_\_\_\_

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

**NOTICE TO RESPONDENT OF INITIAL HEARING**

[R.C. 5122.12]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
\_\_\_\_\_ on behalf of \_\_\_\_\_

filed an Affidavit of Mental Illness in the Probate Court. *See attached.*

- The Affidavit alleges that you are mentally ill and should be subject to hospitalization.
- The Affidavit alleges that you are mentally ill and should be required to complete outpatient treatment.

This application will be heard on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_ o'clock at \_\_\_\_\_  
\_\_\_\_\_.

You have the right to have an attorney represent you and to have an independent expert evaluation.

- Contact the Court at \_\_\_\_\_ if you wish for an attorney to be appointed for you.
- An attorney has already been appointed for you. Attorney \_\_\_\_\_ can be reached at \_\_\_\_\_.

**WITNESS** my signature this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk