

**AMENDMENTS TO THE RULES OF SUPERINTENDENCE
FOR THE COURTS OF OHIO**

Comments Requested: The Supreme Court of Ohio will accept public comments until June 2, 2025, on the following proposed amendments to the Rules of Superintendence for the Courts of Ohio.

Comments on the proposed amendments should be submitted in writing to Keely McWhorter, Supreme Court of Ohio, 65 South Front Street, Columbus, Ohio 43215, or RuleAmendments@sc.ohio.gov not later than June 2, 2025. Please include your full name and mailing address in any comments submitted by email.

Key to Adopted Amendments:

1. Unaltered language appears in regular type. Example: text
2. Language that has been deleted appears in strikethrough. Example: ~~text~~
3. New language that has been added appears in underline. Example: text

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The guardian ad litem during the permanent custody proceedings was _____
whose address is _____.

The attorney representing the minor during the permanent custody proceedings was _____
whose address is _____.

A child support order exists and is administered by the _____ County Child Support Agency.

PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED

Name: _____ Relationship: _____ Age, if minor _____
Address: _____ Consent filed

Name: _____ Relationship: _____ Age, if minor _____
Address: _____ Consent filed

_____, the agency has permanent
Custody of the minor filed under, _____, _____ Consent filed

PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED

No person has timely registered pursuant to R.C. 3107.062 as a with Ohio's putative father registry within 15 days of the minor's birth. ~~Attached is Ohio Department of Jobs and Family Services Form 1697 See verification attached.~~

A The consent of _____
Name Address Relationship

B The consent of _____
Name Address Relationship

is/are not required because:

A B
 The parent has failed without justifiable cause to ~~provide~~ have more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

The parent has failed without justifiable cause to provide for the meaningful and regular maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

~~State other grounds under~~ The person meets criteria set forth under subsection _____ of R.C. 3107.07 (includes putative father of the minor and therefore the person's consent is not required).

CASE NO. _____

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Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Street Address

Email Address

City State Zip Code

Attorney Registration No.

Telephone Number (include area code)

Email Address

IF YOU WISH OBJECT TO CONTEST THE ADOPTION, AND THE MINOR WAS LESS THAN ONE YEAR OF AGE AT THE TIME THE PETITION FOR ADOPTION WAS FILED, YOU MUST DO BOTH OF THE FOLLOWING:

(1) FILE AN A WRITTEN OBJECTION WITH THE COURT WITHIN TO THE PETITION WITHIN FOURTEEN DAYS AFTER PROOF FROM THE DATE OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING IS GIVEN TO YOU.

(2) IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING.

IF YOU OBJECT TO THE ADOPTION, AND THE MINOR WAS ONE YEAR OF AGE OR OLDER AT THE TIME THE PETITION FOR ADOPTION WAS FILED, YOU MUST DO BOTH OF THE FOLLOWING:

(1) FILE A WRITTEN OBJECTION WITH THE COURT WITHIN TWENTY-EIGHT DAYS FROM THE DATE OF SERVICE OF NOTICE OF THE FILING OF THE PETITION AND OF THE TIME AND PLACE OF HEARING. FOR GOOD CAUSE SHOWN, THE COURT MAY EXTEND THE TIME IN WHICH A WRITTEN OBJECTION MAY BE FILED.

(2) APPEAR AT THE HEARING.

A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION ON TIME AND TO THE ADOPTION PETITION OR APPEAR AT THE HEARING."

RIGHT TO AN ATTORNEY: YOU HAVE A RIGHT TO BE REPRESENTED BY AN ATTORNEY. IF YOU INDIGENT AND UNABLE TO EMPLOY AN ATTORNEY, YOU ARE ENTITLED TO HAVE AN ATTORNEY PROVIDED TO YOU PURSUANT TO CHAPTER 120 OF THE REVISED CODE. YOU MUST CONTACT THE COURT ON RECEIPT OF THIS NOTICE IF YOU ARE REQUESTING THAT AN ATTORNEY BE APPOINTED FOR YOU.

THE COURT SHALL CONSIDER A WRITTEN REQUEST FOR AN ATTORNEY OR A NOTICE OF APPEARANCE FILED BY AN ATTORNEY ON YOUR BEHALF, IN ACCORDANCE WITH THE ABOVEMENTIONED TIME FRAMES, AS GROUNDS FOR AN EXTENSION TO FILE WRITTEN OBJECTIONS.

_____, Probate Judge

By: _____
Deputy Clerk

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93 The State of Ohio, _____ Probate Court
94

95 I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known
96 address _____ of
97

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99 At _____
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104 At _____
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109 _____, Probate Judge
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111 By: _____
112 Deputy Clerk
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114
115 **RETURN**
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117 _____, County, Ohio
118

119 _____, 20____
120

121 Received this writ on the _____ day of _____, 20____, at _____ o'clock
122 _____ M., and on the _____ day of _____, 20____, I served the same by delivering a
123 true copy thereof personally to
124 _____
125 _____

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127 **FEES**
128

129 _____
130 Sheriff
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132 Service and return, 1st name, \$ _____

133 _____
134 Deputy Sheriff
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136 _____ Additional names, at \$ _____

137 _____ Miles traveled, at \$ _____
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139 _____
140 Name

CASE NO. _____

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141 _____ Title

142 Total \$ _____

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Email Address

Email Address

Attorney Registration No. _____

ENTRY

This cause is set for hearing on the _____ day of _____, 20____
at _____ o'clock _____m.

PROBATE JUDGE

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public policy of the State of Ohio and respectfully pray for the following Order(s) Also, attached are the other necessary documents:

a certified copy of the child's Birth Certificate, and if not in English, a translation certified as to its accuracy by the translator.

a certified copy of the Foreign Decree or Certificate of Adoption which has been verified and approved by the Immigration and Naturalization Service of the United States, and if not in English, also a translation certified as to its accuracy by the translator.

a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption.

The Petitioner(s) respectfully pray for the following Order(s):

An Order that the child's name shall be changed to: _____

An order to the Ohio Department of Health to issue a new birth record for the adopted person under R.C. 3705.12(A)(1)

Other _____

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Email Address

Email Address

Street Address

Attorney Registration No.

City State Zip Code

Telephone Number (include area code)

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF MENTAL ILLNESS

R.C. 5122.111

_____, the undersigned, residing at _____, says that he/she has information to believe or has actual knowledge that _____

(Please specify specific category(ies) below with an X.)

- Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community;
- Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person; or
- Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:
 - (a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
 - (b) The person has a history of lack of compliance with treatment for mental illness and one of the following applies:
 - (i) At least twice within the thirty-six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six month period.
 - (ii) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight month period.
 - (c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary treatment.
 - (d) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

_____ further says that the facts supporting this belief are as follows:

_____.

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These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

The undersigned represents a trial court or a prosecutor who, as described in division (B)(1)(a)(v)(I) of section 2945.38 of the Revised Code, is alleging that the above said person is a mentally ill person subject to court order:

Yes No (please specify with an X). If Yes, please specify the name and address of the trial court or prosecutor:

Name of Patient's Last Physician or Licensed Clinical Psychologist: _____

Address of Patient's Last Physician or Licensed Clinical Psychologist: _____

<u>The name and address of respondent's legal guardian, spouse and adult next of kin are:</u>		
<u>Name</u>	<u>Kinship</u>	<u>Address</u>
	<u>Legal Guardian</u>	
	<u>Spouse</u>	
	<u>Adult Next of Kin</u>	
	<u>Adult Next of Kin</u>	

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The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this _____ day of _____, 20_____.

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Signature of the Party Filing the Affidavit

Sworn to before me and signed in my presence on the day and year above dated.

Probate Judge

Deputy Clerk or Notary Public

WAIVER

I, the undersigned party filing the affidavit hereby waive the issuing and service of notice of the hearing on said affidavit, and voluntarily enter my appearance herein.

Dated this _____ day of _____, 20_____.

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Signature of Party Filing the Affidavit

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53 _____
 54 Signature of Psychiatrist or Signature of Licensed Clinical Psychologist
 55 Licensed Physician (required if opposite line signed by physician)
 56

57 _____
 58 Printed Name, Title Printed Name, Title
 59

60 _____
 61 Address Address
 62

63 _____
 64 City/State/Zip City/State/Zip
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66 _____
 67 License Number License Number
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 70 Phone Number Phone Number
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72 _____
 73 Email Address Email Address

1
2 **PROBATE COURT OF _____ COUNTY, OHIO**

3
4 _____, **JUDGE**

5
6 **IN THE MATTER OF**

7
8 _____
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10 **CASE NO. _____**

11
12 **CASE HISTORY SUPPLEMENT TO AFFIDAVIT OF MENTAL ILLNESS**

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14 R.C. 5122.111 & 5122.13
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16 This form is to be completed by the person applying for commitment.

17
18 1. Full name of patient _____ Social Security No. _____

19
20 2. Age _____ Date of Birth _____ Place _____

21
22 3. Race _____ Sex _____ Single Married Widowed Divorced Separated

23
24 4. Patient now resides at _____

25
26 _____ Street _____ City _____ State _____ Zip _____ County _____

27
28 5. Occupation _____ When and where last employed _____

29
30 6. Who is responsible for cost of hospitalization? _____

31
32 7. Name and address in full of person to whom correspondence is to be directed _____

33
34 _____ Relationship _____

35 8. Guardian: Name _____ Telephone Number _____

36 Address _____

37
38 9. Name and address of family physician _____

39
40 10. Is patient eligible for veteran's benefits? _____

41
42 11. Is patient a dependent or spouse of a deceased veteran? _____ If so, state name and S.S.N.
43 of veteran: _____

44
45 12. How long have you known this person? _____

46
47 13. State what leads you to believe this person is mentally ill. _____
48 _____
49 _____
50 _____

51 14. When was the first sign of mental illness observed by you? _____
52 _____
53 _____

54 15. Are there any legal charges pending on patient, or behaviors that could result in legal
55 proceedings? _____
56 If yes, explain fully: _____
57 _____
58 _____
59 _____
60 _____

61 16. Was this person previously stable and well adjusted? _____
62 _____

63 17. Number of previous incidents of decompensation where medical/crisis intervention is
64 necessary. _____
65 _____

66 18. Has this person been a patient in any hospital, private or public, for the mentally ill, or any
67 other institution? _____ If yes, state where, and how long?
68 _____
69 _____
70 _____
71 _____
72 _____

73 19. Has this person suffered serious physical injury? (Particularly to the head) _____
74 If yes, explain fully: _____
75 _____
76 _____
77 _____

78 20. Has this person suffered any traumatic incidences or recent stress? _____ If yes, explain
79 fully: _____
80 _____
81 _____

82 21. Has this person required forced feeding, seclusion or restraint? _____
83 If so, explain fully: _____
84 _____
85 _____

86 22. Has this person been addicted to the use of alcohol or drugs? _____
87 If so, explain fully: _____

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23. Is this person? Paralytic Bedridden Unable to Maintain Proper Hygiene
 Physically Disabled Violent Destructive Excited
 Depressed Homicidal Suicidal Access to Weapons

24. If any of the above are checked, describe: _____

25. Does patient have any medical illness for which ongoing medication and monitoring is required? _____
If yes, explain fully: _____

26. Is the patient following doctor's instructions for treatment? _____
List problems: _____

27. Interpreter needed: Language _____

28. What community services is the person involved in?

The foregoing information is true to the best of my knowledge.

Dated

Signature

Printed Name

Address

City/State/Zip

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CASE NO. _____

Phone Number

Email Address

39 _____

40 _____

41 _____

42 CRITERIA #4 “The individual is either connected to the above services in the
43 community or a referral is in process,” including _____

44 _____

45 _____

46 _____

47 _____

48 CRITERIA #5 “The individual expresses an interest in living in the community.”

49 CRITERIA #6 “The individual is unlikely to voluntarily participate in the following
50 recommended treatment without court order” because _____

51 _____

52 _____

53 _____

54 CRITERIA #7 “The individual has a degree of competency necessary to understand
55 the stipulations of his or her involuntary commitment to treatment,” as evidenced by:

56 _____

57 _____

58 _____

59 CRITERIA #8 “The individual has the capacity to cooperate with the involuntary
60 treatment in the community,” as evidenced by: _____

61 _____

62 _____

63 _____

64 CRITERIA #9 “The individual is not considered to represent a substantial risk of
65 physical harm to self or others with the identified community-based treatment services,”
66 as evidenced by: _____

67 _____

68 _____

69 _____

70 CRITERIA #10 “The individual does NOT currently have any active criminal court
71 cases.”

72 CRITERIA #11 “The individual does NOT have a legal guardian who can authorize
73 services.”

74 (Please attach additional pages if necessary.)

75 _____

76 _____

CASE NO. _____

77 Dated this _____ day of 20 _____.

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Affiant

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

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Deputy Clerk/Notary

1 **PROBATE COURT OF _____ COUNTY, OHIO**

2 _____, **JUDGE**

3
4 **IN THE MATTER OF _____**

5
6 **CASE NO. _____**

7
8 **AFFIDAVIT OF REFUSAL OF DOCTOR'S EVALUATION**

9 **R.C. 5122.14**

10
11 The undersigned, having been duly sworn, states that _____

12 _____ the alleged mentally ill person subject to court order, refused
13 to submit to an examination by a psychiatrist or a licensed clinical psychologist and licensed
14 physician. I have made the below listed attempts to obtain a certificate of a psychiatrist, or
15 licensed clinical psychologist and physician to substantiate the allegations contained in the
16 Affidavit of Mental Illness simultaneously filed herein.

17 _____
18 _____
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23 _____
24 _____
25 _____
26 _____
27 _____
28 _____

29 Dated this _____ day of _____, 20_____.

30 _____
31 Affiant

32
33 Sworn to and subscribed before me, a Notary Public or Deputy Clerk of the Probate

34 Court on this _____ day of _____, 20_____.

35
36 _____
37 Deputy Clerk/Notary

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5 IN THE MATTER OF _____

6
7 CASE NO. _____

8
9 **ORDER TO CONVEY**

10
11 To _____ of _____ County.

12
13 All the proceedings prescribed by law mandate that _____.

14
15 the respondent, be admitted to _____. Therefore,

16
17 you are commanded forthwith to take charge of and convey the respondent to the

18
19 _____. After executing this order you will make due

20
21 return thereof to this office.

22
23 **WITNESS** my signature and the seal of said Probate Court at

24
25 _____, Ohio this _____ day of _____, 20 _____.

26
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28 _____
29 JUDGE/MAGISTRATE

30
31
32 By: _____
33 Deputy Clerk

CASE NO. _____

SHERIFF'S RETURN

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Sheriff's Office, _____ County, Ohio

Received this writ, _____, 20__ and on

_____, 20__, I executed the same by conveying

the person named to the place designated, as shown by the receipt endorsed within.

Sheriff

SHERIFF'S FEES

Service and Return..... \$ _____

Mileage (_____ miles)..... \$ _____

Total..... \$ _____

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5 IN THE MATTER OF _____ ALLEGED TO BE MENTALLY ILL

6
7 CASE NO. _____

8
9 **NOTICE OF HEARING**

10 R.C. 5122.12

11 TO THE FOLLOWING PERSONS:

- 12
13 Hospital: _____
- 14
15 Petitioner: _____
- 16
17 Attorney for Respondent: _____
- 18
19 Attorney for Mental Health Board: _____
- 20
21 Mental Health Board for _____ County/Countries
- 22
23 Physician: _____
- 24
25 Disability Rights Ohio
- 26
27 Other: _____
- 28
29 Other: _____

30
31 You are hereby notified that the following has been filed in the Court:

- 32
33 Affidavit of Mental Illness (Request for Commitment)
- 34 Request for Continued Commitment
- 35 Request for Forced Psychotropic Medication
- 36 Other: _____

37
38 This matter is set for the _____ day of _____, 20____ at _____ m. at

39 _____
40 _____
41 PROBATE JUDGE

42
43 By: _____
44 Deputy Clerk

1 PROBATE COURT OF _____ COUNTY, OHIO

2
3 _____, JUDGE

4
5 IN THE MATTER OF _____

6
7 CASE NO. _____

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9 **NOTICE TO RESPONDENT**

10
11 To: _____

12
13 _____

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15 _____

16
17 You are hereby notified that the following has been filed in the Court, a copy of which is
18 attached:

19
20 Request for Continued Commitment

21
22 Request to Authorize Medication or Medical Procedure

23
24 Other: _____

25
26 This matter is scheduled for hearing on the _____ day of _____, 20_____

27
28 at _____ m. at _____.

29
30 You have the right to contest the treatment recommendations and the right to consult with

31
32 counsel. An attorney has been appointed for you. Attorney _____

33
34 _____ may be reached at _____.

35
36 **WITNESS** my signature and seal of said Probate Court at _____.

37
38 Ohio, this _____ day of _____, _____.

39
40 _____
PROBATE JUDGE

41
42 By: _____

43 Deputy Clerk

1 **PROBATE COURT OF _____ COUNTY, OHIO**
2 **_____, JUDGE**

3 **ESTATE OF _____,**
4 **DECEASED**

5
6 **CASE NO. _____**

7 **NOTICE OF WRONGFUL DEATH CLAIM**

8 **[R.C. 2125.02(B)]**

9 **(For dates of death on or after April 4, 2023, AND within 2 years of date of death)**

10 Now comes _____, the _____ of the
11 Name of Claimant Relationship

12 **Decedent described below:**

13 **Decedent's Full Name:** _____

14 First Middle Last

15 **AKA:** _____

16 First Middle Last

17 **Decedent's Date of Death:** _____

18
19 **Decedent's Death Certificate and/or obituary are**
20 **attached.**

21
22 **Decedent's Social Security Number (if known):** XXX -XX - _____

23
24 **Decedent's county of residence at time of death:** _____

25 **Note: A decedent's probate estate is typically opened in the county where the**
26 **decedent resided. Please ensure you are filing this notice in the proper**
27 **county of residence. A Notice of Claim filed in the wrong county may not be**
28 **effective.**

29 **I hereby notify all interested parties that I have suffered damages as a result of the decedent's**
30 **wrongful death. By signing this form, I acknowledge that because I am not a surviving spouse,**
31 **parent, or child of the decedent, I must prove my damages. I understand that my claim may only be**
32 **pursued if an estate is opened and a fiduciary is appointed.**

33 **I can be reached using the contact information provided below. I understand that it is my**
34 **responsibility to keep my contact information up-to-date.**

35
36
37 _____
38 **Attorney for Claimant**

36
37 _____
38 **Claimant's Signature**

39 _____
40 **Typed or Printed Name**

39 _____
40 **Typed or Printed Name**

41 _____
42 **Street Address**

41 _____
42 **Street Address**

43 _____
44 **City, State, Zip Code**

43 _____
44 **City, State, Zip Code**

45 _____
46 **Telephone Number (include area code)**

45 _____
46 **Telephone Number (include area code)**

47 _____
48 **Email Address**

47 _____
48 **Email Address**

49 _____
49 **Attorney Registration No.**

