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

	e address is		
ПΤ	he attorney representing the mir	nor during the permanent custody procee	edings was
whose	e address is		
	A child support order exists and	is administered by the	County Child Support Age
	PERSONS OR	AGENCIES WHOSE CONSENT REQUIRED	TO THE ADOPTION IS
		Relationship:	
		Relationship:	
		oder,,,,	□ Consent filed
	No person has timely registe	red pursuant to R.C. 3107.062 as a <u>with</u>	Ohio's putative father <u>registry within 15 o</u> d Family Services Form 1697 <u>See verif</u>
Α	The consent ofName	Address	Relationship
В	The consent ofName	Address	Relationship
is/are	d of at least one year immediate	thout justifiable cause to provide <u>have</u> mo ly preceding the filing of the adoption pet	
	petitioner .		

CASE NO.

Attorney for Petitioner	Petitioner
Author of Feducies	i cuuonci
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

CASE NO. _____

	PROB/	ATE CO	URT OF	=			cou	JNTY, O	HIO	
						, JUI	DGE			
				ADOPTIO	N	OF				
CASE NO.				(Name a	fter adoption)					
To:	Notio	ce must be	e served n	RING ON not less than a [R.C.	2 0 <u>30</u> days 3107.11]	before the	_	_		
You are	hereby	notified	(Give Name	os and Addresses)	day	of			. 20
			filed	in this	Court	_ ,	Petition	for	Adop	,
			the mine	, a minor, or to	whose da	te of birth	n is	This	Court,	locate
					ear the clock		on t	ne		day
It is a	3	n the	petition,	•	to R equired due		07.07, llowing:	that th	e cor	nsent
for a period of home of the That persupport of the	son is a pare of at least or petitioner. son is a pare e minor as re	ne year imn ent who has equired by la	nediately p failed with aw or judici	out justifiable or preceding the f nout justifiable ial decree for a in the home o	iling of the a cause to pro a period of at	ndoption per ovide for the least one	etition or th e <u>meaning</u>	e placemer ful and regu	nt of the l	minor i enance
				ets criteria set y 1, 1997) and					.C. 3107. ed.	.07 (inc l
PARENTAI EXCEPT W SPOUSE, T YOUR OTH	_ RIGHTS /ITH_RESF 'ERMINAT IER RELA' THE MINO	AND RES PECT TO E.ALL LE TIVES <u>WII</u> OR'S FORI	PONSIBI A SPOU GAL REL LL TERM MER YOU	F GRANTEILITIES, INC SE OF THE ATIONSHIF IINATE, SO JR RELATI	LUDING T ADOPTIC S BETWE THAT THE /ES FOR A	HE RIGH IN PETIT EN THE IN MINOR ALL PUR	IT TO CO HONER A MINOR AI THEREA	NTACT T ND RELAND YOU A FTER IS A	HE MINATIVES ND THE A STRA	OR , / OF T MIN(NGEF

of

of

	CASE NO
52 53 54 55	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:
55 56 57 58 59	(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.
60	(2) IF YOU WISH TO CONTEST THE ADOPTION, YOU MUST ALSO APPEAR AT THE HEARING.
61 62 63	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:
64 65 66 67 68	(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.
69 70 71	(2) APPEAR AT THE HEARING.
72 73 74	A FINAL DECREE OF ADOPTION MAY BE ENTERED IF YOU FAIL TO FILE AN OBJECTION <u>ON TIME AND TO THE ADOPTION PETITION OR</u> APPEAR AT THE HEARING."
75 76 77 78 79	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.
80 81 82 83 84	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.

86

87 88 89

90

_____, Probate Judge

CASE NO.			

The Glate of Office	0,		Probate Co	ourt		
I hereby of address	certify that I caused	a copy of the	within notice	to be mailed,	by certified mail	, to the last known of
At						
At						
			- B			,Probate Judge
					Deputy Clerk	
			RETURN			
						, County, Ohio , 20
Received	this writ on the	day of			, 20, at	o'clock
	this writ on the day o					
M., and on	the day o	f			_, I served the sa	ame by delivering a
M., and on	the day of copy	f		, 20	_, I served the sa personally	ame by delivering a
M., and on true	the day or copy FEES , 1st name, \$	f		, 20	_, I served the sa personally	ame by delivering a

FORM 18.2 NOTICE OF HEARING ON PETITION FOR ADOPTION PAGE 3

	Title
Total	\$

CASE NO. _____

1 2	PROBATE COURT OF COUNTY, OHIO, JUDGE
3 4 5	ADOPTION OF
5 6	(Name after adoption) CASE NO
7 8 9 10	JUDGMENT ENTRY FINDING CONSENT NOT REQUIRED [R.C. 3107.07]
11 12 13 14	The Court finds all parties properly before the Court by waiver of notice or by proper service and after hearing the testimony of witnesses, and the evidence, finds that the consent of is not required because;
15 16 17 18 19	That person is a parent who 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.
20 21 22 23 24	That person is a parent who 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.
25 26 27 28	State other grounds under The person meets criteria set forth under subsection of R.C. 3107.07 and therefore the person's consent is not required (includes putative father of the minor born prior to January 1, 1997).
29 30 31 32 33	It is ordered IT IS SO ORDERED that the consent of the above-named person is not required.
34 35	, Probate Judge

1 2	PROBATE COURT OF COUNTY, OHIO
3	, JUDGE
4 5	IN THE MATTER OF THE ADOPTION OF(Name after adoption)
6	(Name after adoption)
7	CASE NO
8 9	
10 11 12 13	FINAL DECREE OF ADOPTION (After Interlocutory Order) [R.C. 3107.02 & 3107.14]
14	The Court finds that the minor has now lived in the home of the petitioner,
15 16	for at least six months;
17 18 19	that a further report of the assessor has been filed and is approved; that the adoption is in the best
20 21	interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and
22 23	approved; and that the minor is an adopted person.
24 25	It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor
26 27 28 29 30 31 32	is changed to
33	Date Probate Judge

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
FINAL DECREE (Without Interlo [R. C. 3107.13 <u>3107.02</u> , 3	ocutory Order)
This day this matter came on to be heard on the	petition of
for the	adoption and change of name of the minor being
adopted.	
The Court finds that notice has been given to a	ll parties; that all consents have been filed or have been
ound not required; that the allegations in the petition are	true; that the minor has been lawfully placed in the home
f the petitioner; that the minor has lived in the home o	f the petitioner for six months as required by law; that a
eport of the assessor has been filed and is approved; tl	hat the adoption is in the best interest of the minor being
dopted; that the accountings, as required, have been	filed, reviewed and approved, and that the minor is an
dopted person.	
It is therefore ordered that the Petition for Adopt	ion is granted, and that the name of the minor is changed
0	
	Drob etc. Ludes
Date	Probate Judge

FORM 18.7- FINAL DECREE OF ADOPTION (Without Interlocutory Order) PAGE 1

			, JUDGE		
IN THE M	ATTER OF	THE ADOPTION OF			
CASE NO.			(Name af	ter adoption)	
		PETITION FOR A [R.C	DOPTION OF A . 3107.02]	ADULT	
The undersign	ned respectfully	petitions the court for perm	nission to adopt		
an adult and t	o have the adu	It's name changed to			
The	Petitioner may	adopt because the adult:			
	is totally an	d permanently disabled.			
	is determin <u>5123.01</u> .	ed to be a person with an in	tellectual disability <u>a de</u>	velopmental disab	ility under R.0
	had establi petitioner a	shed a child-foster caregiver s a minor.	r, kinship caregiver, or o	child-stepparent re	lationship witl
		time of the adult's eighteent living arrangement with a pu			
	is the child	of the spouse of the petition	er		
The undersign	ned states that:				
□ <u>r</u>	neither parent o	of the adult is obligated to pa	y child support or cash	medical support fo	or the adult ac
	one or more of adoptee throug	the adult's parents is obligat h theCoun	ed to pay child support ty Child Support Enforc		upport for the
Attorney for P	etitioner	· · · · · · · · · · · · · · · · · · ·	Petitioner		
Typed or Prin	ted Name		Typed or F	Printed Name	
Address			Address		
City	State	Zip Code	City	State	Zip Cod

Email Address	Email Address	
Attorney Registration No	-	
	ENTRY	
This cause is set for hearing on theatm.	day of	, 20
	PROBATE JUDG	 BE

CASE NO.

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
ADOPTION OF	
ADOPTION OF(Name after add	option)
PETITION TO RECOGNIZE [R.C. 3107.	
[Check applicable boxes, complete blanks, strike inapplication]	able language, and attach supporting
The Petitioner(s) is/are the adoptive parent(s) of a minor child Adoption and state that:	pursuant to a Foreign Decree or Certificate of
PETITIONE	R(S)
Petitioner's Full Name:	
Petitioner's Full Name:	
Residence:	
Duration of Residence:	·····
Marital Status:	·····
Date and Place of Marriage:	
ADOPTED O	HILD
Name of Child before Adoption:	
Name of Child after Adoption:	
Date and Place of Birth: Attached is a certified copy of the child's Birth Certificate, and is as to its accuracy by the translator. A Foreign Decree or Certificate of Adoption in compliance with issued by (Name of Court)	the laws of the Country of was
<u>□</u> <u>IR-3</u>	
<u> Пн-з</u>	
Successor Immigrant Visa Attached is a certified copy of the Foreign Decree or Certificate by the Immigration and Naturalization Service of the United State translation certified as to its accuracy by the translator.	→ of Adoption which has been verified and approved ates, and if not in English, also attached is a
Attached is a fully completed Ohio Department of Health, Divis	ion of Vital Statistics, Certificate of Adoption.

22 23

28 29

54 55

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FORM 19.2 – PETITION TO RECOGNIZE FOREIGN ADOPTION PAGE 1

Effective Date Amended: March 1, 2014____

		ffect to the Foreign Decre ectfully pray for the follow			
	a certified copy of t accuracy by the tra	he child's Birth Certificate	e, and if not in En	glish, a translation c	ertified as to its
	approved by the Im	he Foreign Decree or Ce nmigration and Naturaliza ertified as to its accuracy	tion Service of the	e United States, and	
	a fully completed C	Phio Department of Health	n, Division of Vital	Statistics, Certificat	te of Adoption.
The Petitioner(s) respectfully pray f	or the following Order(s):			
☐ An	Order that the child'	s name shall be changed	to:		
R.G	C. 3705.12(A)(1)	epartment of Health to iss		·	d person under
Attorney for Pe	titioner		Petitioner		
Typed or Printe	ed Name		Typed or Pri	nted Name	
Street Address			Petitioner		
City	State	Zip Code	Typed or Pri	nted Name	
Telephone Nur	mber (include area co	ode)	Email Addre	<u>ss</u>	
Email Address			Street Addre	ess	
Attorney Regis	tration No		O:h	Otata	7:- 0 : 1:
			City	State	Zip Code
			Telephone N	lumber (include are	a code)

FORM 19.2 – PETITION TO RECOGNIZE FOREIGN ADOPTION PAGE 2

Effective Date Amended: March 1, 2014_____

CASE NO.

	PROBATE COURT OF	COUNTY, OHIO
		, JUDGE
	IN THE MATTER OF THE ADOPT	ION OF
		(Name before adoption)
5	CASE NO.	
3		
7	NOTICE TO THE CHILD	SUPPORT ENFORCEMENT AGENCY
} }		[R.C. 3107.20]
)	To	
)	<u>To:</u>	
3		
‡ 5		
3		
7 3		
)	You are hereby notified that on	
) 	an Order was issued by this Court rega	rding the minor child,
2	un order was issued by this countrega	(name before adoption)
		, whose date of birth is
,		
; ,	that is cause for termination of support	for said child pursuant to R.C.3119.89.
,	Obligee Name and DOB:	
	Obligor Name and DOB:	
<u>2</u> 3	Sets #:	
Ļ	Prior name(s) of minor child:	
5 6		
7		
3		Probate Judge
)		i Tobate Budge
		Dv.
2 3		<u>By:</u> <u>Deputy Clerk</u>
4		
5		

AFFIDAVIT OF M	IENTAL ILLNESS
	122.111
	, the undersigned, residing
information to believe or has actual knowledge that	says that he/she ha
	()
(Please specify specific cate	egory(ies) below with an X.)
Represents a substantial risk of physical harm to self as m or serious self-inflicted bodily harm;	anifested by evidence of threats of, or attempts at, s
Represents a substantial risk of physical harm to others violent behavior or evidence of recent threats that place a physical harm, or other evidence of present dangerousne	another in reasonable fear of violent behavior and s
Represents a substantial and immediate risk of serious evidence of being unable to provide for and of not providi that appropriate provision for such needs cannot be made	ng for basic physical needs because of mental illne
Would benefit from treatment for mental illness and is nee that creates a grave and imminent risk to substantial right	•
of the person under section 5122.111 of the Refactor in necessitating hospitalization in a hospitalization in a hospitalization in a hospitalization in a hospitalization of any hospitalization or incarceration of (ii) Within the forty-eight months prior to the filing of under section 5122.111 of the Revised Code serious violent behavior toward self or others of the section 5122.111 of the Revised Code serious violent behavior toward self or others of the section 5122.111 of the Revised Code serious violent behavior toward self or others of the section 5122.111 of the Revised Section 1 of the Revised Section 1 of the Revised Section 2 of the Revised Section 3 of t	nity without supervision, based on a clinical determination of the following a state the filling of an affidavit seeking court-ordered treativised Code, the lack of compliance has been a significant or receipt of services in a forensic or other that the thirty-six month period shall be extended the person that occurred within the thirty-six month of an affidavit seeking court-ordered treatment of the period shall be extended the lack of compliance resulted in one or more a correct threats of, or attempts at, serious physical harm the eriod shall be extended by the length of any hospital thin the forty-eight month period. To voluntarily participate in necessary treatment. It behavior, the person is in need of treatment in o

of the Revised Code,	is alleging that the above said person i	o, as described in division (B)(1)(a)(v)(I) of section 2 s a mentally ill person subject to court order:
Yes No (ple	ase specify with an X). If Yes, please sp	pecify the name and address of the trial court or pro
Name of Patient's Las	st Physician or Licensed Clinical Psych	ologist:
Address of Patent's L	ast Physician or Licensed Clinical Psyc	chologist:
The name and addre	ess of respondent's legal guardian, spo	use and adult next of kin are:
Name	Kinship	<u>Address</u>
	<u>Legal Guardian</u>	
	<u>Spouse</u>	
	Adult Next of Kin	
Γhe following constitu	Adult Next of Kin	necessary for the purpose of determining residenc
-	Adult Next of Kin	necessary for the purpose of determining residenc
-	Adult Next of Kin tes additional information that may be	necessary for the purpose of determining residence. Signature of the Party Filing the Affidavit
-	Adult Next of Kin tes additional information that may be day of	
-	Adult Next of Kin tes additional information that may be day of	Signature of the Party Filing the Affidavit
-	Adult Next of Kin tes additional information that may be day of	Signature of the Party Filing the Affidavit
-	Adult Next of Kin tes additional information that may be day of	Signature of the Party Filing the Affidavit signed in my presence on the day and year above
The following constitu	Adult Next of Kin tes additional information that may be day of	Signature of the Party Filing the Affidavit signed in my presence on the day and year above
-	Adult Next of Kin tes additional information that may be day of	Signature of the Party Filing the Affidavit I signed in my presence on the day and year above Probate Judge Deputy Clerk or Notary Public
Dated this	day of, 20	Signature of the Party Filing the Affidavit I signed in my presence on the day and year above Probate Judge Deputy Clerk or Notary Public

CASE NO.

<u> </u>	ROBATE	COURT OF			COU	NTY, OHIO
				, JUDO	<u>GE</u>	
IN THE	MATTER OF					
CASE N	I O	(Patient's Name)				
CASE	<u></u>					
		CERTIFICATE C	F EX	AMIN	ATION	
	-		<u>5122.11</u>			_
<u>Age</u>	Date of Birth	Place of Birth	Sex	Race	<u>Marital</u> Status	Social Security Number
Patient	's Address (S	treet, City, County, Sta	ate. and	Zip Cod	le)	
		,	,		<u>,</u>	
The und	arsianed certif	y that they are either	a □ n	evchiat	riet or	a licensed clir
	_	-		_		
		censed physician of the			, and that	the following are i
relating t	o the examina	ion of the above named	i person.	ı		
I/we furth	ner certify that I	/we have, with care and	diligenc	e, perso	nally obse	erved and examined
named p	erson on the	day of	, 20	. The ex	amination	occurred at
-	<u>-</u>	<u> </u>				
						= '
I/we hav	e reviewed the	Affidavit of Mental Illn	ess to b	e filed w	ith the Co	nurt and as a resu
	<u>xamination:</u>	Andavit of Mental IIII	<u> </u>	e illea v	nui uie oc	ourt, and as a rest
illy/our e	xammanon.					
	I/we believe	this person meets one	of the fi	rst four o	criteria list	ed on the Affidavit
th	nerefore, is a p	erson with mental illne	ss and s	ubject t	o hospita	lization by court o
_		risk they present. (Und			-	•
_		of the Affidavit is chec				
_			<u>,</u>			
<u>o</u>	<u>r</u>					
Г		this person mosts the	fifth orito	ria liatad	on the Aff	fidavit and therefor
L		this person meets the				
_		an benefit from comm	_			
		vent deterioration that w				
_	-	urvive safely in the co	-			
_	•	<u>atment voluntarily. (Uno</u>	<u>dersigned</u>	<u>d should</u>	ensure th	at the fifth box on p
<u>1</u>	of the Affidavi	<u>: is checked).</u>				
The find	nge that auna	ort mylour recommends	tion are:	(Dlesse	indicata	any physical or ma
	-	ort my/our recommenda		•		• • •
		<u>he immediate attention</u>				
		t severe head injury,				ormation the exam
consider	s important and	I/or any specific treatme	nt recom	mendati	ions):	

Signature of Psychiatrist or Licensed Physician	Signature of Licensed Clinical Psycholo (required if opposite line signed by physicial
Printed Name, Title	Printed Name, Title
<u>Address</u>	<u>Address</u>
City/State/Zip	City/State/Zip
License Number	License Number
Phone Number	Phone Number
	= "
Email Address	Email Address

CASE NO.

 $\frac{ \text{PROPOSED FORM 20.2} - \text{CERTIFICATE OF EXAMINATION} }{ \text{PAGE 2} }$

	PROBATE COURT OF	COUNTY, OHIO
		, JUDGE
<u>IN TI</u>	THE MATTER OF	
CAS	SE NO.	
<u>c</u>	CASE HISTORY SUPPLEMENT TO	AFFIDAVIT OF MENTAL ILLNESS
	R.C. 5122.111	<u>& 5122.13</u>
This	nis form is to be completed by the person applying	for commitment.
<u> </u>	Full name of patient_	
2.	Age Date of Birth Place	
<u>3.</u>		ried _□ <u>Widowed_□ Divorced</u> □ <u>Separated</u> □
4.	Patient now resides at	
_		Street City State Zip County
<u>5.</u>	OccupationWhen a	and where last employed
6	Who is represented for each of bookitalization	
<u>6.</u>	Who is responsible for cost of hospitalization?	
<u>7.</u>	Name and address in full of person to whom o	•
		<u>Relationship</u>
<u>8.</u>	Guardian: NameAddress	Telephone Number
<u>9.</u>	Name and address of family physician	
<u>10.</u>	ls patient eligible for veteran's benefits?	
<u>11.</u>	<u>Is patient a dependent or spouse of a deceased of veteran:</u>	sed veteran?If so, state name and S.S.N.
12	. How long have you known this person?	

	CASE NO
<u>13.</u>	State what leads you to believe this person is mentally ill.
<u>14.</u>	When was the first sign of mental illness observed by you?
<u>15.</u>	Are there any legal charges pending on patient, or behaviors that could result in legal proceedings? If yes, explain fully:
<u>16.</u>	Was this person previously stable and well adjusted?
<u>17.</u>	Number of previous incidents of decompensation where medical/crisis intervention is necessary.
<u>18.</u>	Has this person been a patient in any hospital, private or public, for the mentally ill, or any other institution? If yes, state where, and how long?
<u>19.</u>	Has this person suffered serious physical injury? (Particularly to the head)
<u>20.</u>	Has this person suffered any traumatic incidences or recent stress?If yes, explain fully:
<u>21.</u>	Has this person required forced feeding, seclusion or restraint? If so, explain fully:
<u>22.</u>	Has this person been addicted to the use of alcohol or drugs? If so, explain fully:

	CASE NO.	
	Physically Disabled Violent Destructive Excited Depressed Homicidal Suicidal Access to Weapons	
If any of the above	are checked, describe:	
required?		
ii yes, explain fully	<u>-</u>	
List problems		
Interpreter needed	Language	
What community s	rvices is the person involved in?	
		<u> </u>
foregoing informati	on is true to the best of my knowledge.	
<u>ed</u>	<u>Signature</u>	
	Printed Name	
	Address	
	Does patient have required? If yes, explain fully: Is the patient follow List problems: Interpreter needed: What community se	Sthis person?

PROPOSED FORM 20.3 – CASE HISTORY OF MENTAL ILLNESS PAGE 3

Eff. Date:_____

	CASE NO
132	
133	Phone Number
134	
135	
136	Email Address

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
N THE MATTER OF	
ASE NO.	
OUTPATIENT COMMI	ITMENT SUPPLEMENT
R.C. 512	22.01(B)(5)
The undersigned certifies that the fo	llowing criteria have been met.
☐ CRITERIA #1 "Based on your clinical revealed in the community without supervision	
•	ncompliance was a significant reason in 2 o
☐ Within the last 48 months, the nor violence, threats or attempts toward events):	ncompliance led to 1 or more serious acts o self or others (please list dates and
☐ CRITERIA #3 "Treatment recommendati delivered in an outpatient setting, address t sustain community living. Services recomm providers and service providers are capable	the individual's needs, and are necessary to nended can be monitored by service

CASE NO	
☐ CRITERIA #4 "The individual is either connected to the above services in the community or a referral is in process," including	
☐ CRITERIA #5 "The individual expresses an interest in living in the community."	
☐ <u>CRITERIA #6 "The individual is unlikely to voluntarily participate in the following</u> recommended treatment without court order" because	
☐ CRITERIA #7 "The individual has a degree of competency necessary to understangler to treatment," as evidenced by:	
☐ CRITERIA #8 "The individual has the capacity to cooperate with the involuntary reatment in the community," as evidenced by:	
☐ CRITERIA #9 "The individual is not considered to represent a substantial risk of physical harm to self or others with the identified community-based treatment service as evidenced by:	es,"
☐ CRITERIA #10 "The individual does NOT currently have any active criminal court cases."	
그 CRITERIA #11 "The individual does NOT have a legal guardian who can authorizeservices."	<u>:e</u>
Please attach additional pages if necessary.)	

	CASE NO
Dated this	day of 20
	Affiant
	<u> Amant</u>
Sworn to and subs	cribed before me, a Notary Public or Deputy Clerk of the
Probate Court on this	day of, 20
	<u>Deputy Clerk/Notary</u>

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF	
CASE NO	
AFFIDAVIT OF REFUSAL O	F DOCTOR'S EVALUATION
	122.14
The undersigned, having been duly swo	orn, states that
the alleged m	entally ill person subject to court order, refu
to submit to an examination by a psychiatrist o	or a licensed clinical psychologist and licen
physician. I have made the below listed atten	npts to obtain a certificate of a psychiatrist
licensed clinical psychologist and physician to	substantiate the allegations contained in
Affidavit of Mental Illness simultaneously filed h	
7 madrit of Werital limess simultaneously med h	OTOM.
Dated this day of, 20	
Dated this day or, 20	 :
	A.C
	Affiant
Sworn to and subscribed before me, a N	otary Public or Deputy Clerk of the Probate
Court on this day of	, 20
	
	Deputy Clerk/Notary
	EREFUSAL OF DOCTOR'S EVALUATION

PAGE 1

Eff. Date:

1	PROBATE COURT OF		COUNTY,	<u>OHIO</u>
2 3 4		, JUDG	<u>E</u>	
5	IN THE MATTER OF			
6 7				
8	CASE NO			
9				
10	ORDER REFERRING AFFI		D SCDEEN	ING
11 12	R.C. 512		K SCREEN	<u>IIVG</u>
13			cc: 1	.,
14	On the day of			vit was filed in
15	this Court alleging that			<u>is mentally ill</u>
16	subject to hospitalization by Court order. Th	<u>is matter is be</u>	efore the Court	in accordance
17	with Section 5122.13 of the Revised Code.			
18	This affidavit is referred forthwith to			
19	to report to this Court its assessment of who	ether or not th	e respondent is	s a mentally ill
20	person subject to hospitalization by Cour	t order and	whether there	are available
21	appropriate treatment alternatives.			
22	It is further the order of this Court that _			
23	report to this Court and submit its written finding	ngs by		_, 20
24				
25				
26 27		JUD	GE/MAGISTRA	TE

Eff. Date:__

	ROBATE COL	JKT OF	<u>COUNTY, OHIO</u> , JUDGE
IN THE N	MATTER OF		, JUDGE
CASE NO	 D.		
	<u>TEMP</u>	ORARY ORDE R.C. 5122.11 & F	R OF DETENTION
		R.C. 5122.11 & F	1.0. 5122.141
TO:			
W	nereas,	of	filed in the Probate Court
	County	y, an affidavit allegin	ng that prese
<u>at</u>			<u>is mentally ill subje</u>
to hospita	alization by Court	t order.	respondent is a mentally ill person sub to detain the said person at the
		_ County pending tra	ansfer to
		<u> </u>	
<u>l h</u>	<u>ereto set my han</u>	nd and affix the seal	of the Probate Court of
County, (<u>Dhio.</u>		
<u>Date</u>			JUDGE/MAGISTRATE
		OEDTIE: O	NATION
		<u>CERTIFIC</u>	<u>ATION</u>
<u>The abον</u>	<u>re document is a</u>	true copy of the orig	sinal kant by ma as sustadian of this Ca
			ginai kepi by me as custodian of this Co
			Probate Judge
			ginal kept by me as custodian of this Co Probate Judge

Eff. Date:_

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
N THE MATTER OF	
CASE NO.	
ORDER TO	O CONVEY
<u>To</u>	of County.
All the proceedings prescribed by lav	w mandate that
he respondent, be admitted to	. Therefore
you are commanded forthwith to take charg	ge of and convey the respondent to the
. Afte	er executing this order you will make due
eturn thereof to this office.	
WITNESS my signature and the seal	al of said Probate Court at
, Ohio th	hisday of, 20
	JUDGE/MAGISTRATE
	By: Deputy Clerk

	CASE NO
	SHERIFF'S RETURN
Sheriff's Office,	County, Ohio
Received this writ,	, 20 and on
	, 20, I executed the same by conveying
he person named to the pla	e designated, as shown by the receipt endorsed within.
	<u>Sheriff</u>
SHERIFF'S FEES	
Service and Return	

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF	
CASE NO	
	RING JURISDICTION 5122.35
	day of, 20
	, filed an affidavit ir
	is a person with
mental illness and subject to hospitalizatio	n by Court order; that on the same date, the
Court, for good cause shown, issued its or	der to apprehend and detain the responden
and transfer the above named individual the	ereafter to
ocated in	
NOW THEREFORE, it is the Order o	f this Court that the within cause, with certified
copies of all papers, proceedings and cor	rrespondence filed herein, be transferred as
provided by law forthwith to the	County Probate Court located in
, Ohio, for further proceeding	gs in this matter.
	JUDGE/MAGISTRATE

		OBATE COURT OF	, JUC	COUNTY, O)GE	<u> </u>
		TTER OF			
CAS	E NO.				
	N	OTICE TO RESPONDE	NT OF INI	TIAI HEARIN	ıG
	<u></u>	OTIOL TO REGIONDE	<u> </u>	TIAL HEARIN	<u> </u>
To:					
	You	are hereby notified that on the	day of	, 20	1
		of			
<u></u>	۷ (۲.				
<u>tilea</u>	an Am	davit of Mental Illness in the Pro	bate Court. Se	ee attacnea.	
		The Affidavit suggests that y	∕ou are menta	lly ill and should b	e subjec
		hospitalization. The Affidavit suggests that y	ou are mentali	v ill and should be	roquiro
	<u> </u>	complete outpatient treatmen		y III and Should be	require
	<u>This</u>	application will be heard on the			, 20
at		o'clock at _			
<u>ut</u>		o olook at			1
				 :	
	You	have the right to have an attorn	ey represent y	ou and to have an i	independ
ovno	ort ovol	uation			
expe	ert evalı	<u>aation.</u>			
		Contact the Court at		_ if you wish for ar	<u>attorne</u>
		be appointed for you.			
		An attorney has already been	appointed for	you. Attorney	
			be reached at		
	WITI	NESS my signature this	day of	, 20)
		TEGO III) digitataro tino	14y 01	<u> </u>	<u> </u>
				ODATE HIDOE	
			<u>PR</u>	OBATE JUDGE	
			<u>By:</u>		
			<u>De</u>	puty Clerk	
		PROPOSED FORM 20.10 - NOTICE 1	TO RESPONDENT O	F INITIAL HEARING	
			AGE 1		

Eff. Date:__

	PROBATE COURT OF	COU	NTY, OHIO
		, JUDGE	
IN T	HE MATTER OF	ALLEGED TO	D BE MENTALLY ILI
CAS	E NO		
то т	NOTICE OF R.C. 51 THE FOLLOWING PERSONS:		
	Hospital:		
	Petitioner:		
	Attorney for Respondent:		
	Attorney for Mental Health Board:		
	Mental Health Board for		County/Counties
	Physician:		
	Disability Rights Ohio		
	Other:		
	Other:		
You	are hereby notified that the following has	been filed in the Cour	<u>t:</u>
	Affidavit of Mental Illness (Request Request for Continued Commitmer Request for Forced Psychotropic Mother:	<u>nt</u> <u>ledication</u>	
<u>This</u>	matter is set for the day of	<u>, 20</u> at	m. at
		PROBATE J	UDGE
		<u>By:</u> Deputy Clerk	

2 3 4 , JUDGE	
4	
5 IN THE MATTER OF	
6	
7 CASE NO.	
8	
9 ORDER APPOINTING COUNSEL	
10	
As provided for in Section 5122.15(A)(3) of the Revised Code and it fur	<u>ther</u>
 appearing to the court that the respondent is unable to obtain counsel or is ind 	linent the
14	ilgorit, trio
15 Court hereby orders that, Attorney at Law, is appointed to	o act as
16	
counsel in this matter. In the event that the above respondent is not indigent,	the Court
18	ologoo of
reserves the right to assess costs to said person. The Court also orders the re	<u> siease oi</u>
relevant medical records to the attorney for respondent pursuant to Section 51	122.31 of
22	
23 <u>the Revised Code.</u>	
24	
25	
26	
27 28 JUDGE/MAGISTRATE	

1	PROBATE COURT OF	COUNTY, OHIO
2 3		, JUDGE
4		, 30DGL
5	IN THE MATTER OF	
6		
7	CASE NO.	
8		
9	MOTION TO APPOINT IN	IDEDENDENT EYDEDT
10 11	R.C. 5122.	
12	11.0. 5122.	10(A)(+)
13	The undersigned, having been appoint	ted as counsel to represent the respondent
14	in this matter, hereby requests that an independent	
15	respondent and to report his/her findings to re	espondent's counsel.
16		
17		
18		Attorney for Respondent
19		
20		Tuned or Drinted Name
21 22		Typed or Printed Name
23		
24		Street Address
25		
26		
27		City State Zip
28		
29		Talanhana Numbar
30 31		<u>Telephone Number</u>
32		
33		Email Address
34		
35		Attorney Registration No
36		

1	PROBATE COURT OF	COUNTY, OHIO			
2					
3		, JUDGE			
4					
5	IN THE MATTER OF				
6					
7	CASE NO.				
8					
9					
10	ORDER APPOINTING	NG INDEPENDENT EXPERT			
11					
12	<u>R.C</u>	<u> 2. 5122.15(A)(4)</u>			
13					
14	For good cause shown, the Court hereby orders that				
15					
16	be ap	pointed as an independent expert in this matter			
17					
18	and that as an independent expert sha	all examine the Respondent, be entitled to access			
19 20	to relevant medical records, and repor	t their opinion to Respondent's counsel forthwith.			
21	to relevant medical records, and repor	t their opinion to respondent's counsel forthwith.			
22					
23		JUDGE/MAGISTRATE			
24					
25					
26		<u>By:</u>			
27		<u>Deputy Clerk</u>			
28					

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF	
CASE NO.	
NOTICE TO F	RESPONDENT
	
<u> </u>	
Volume and hereby potified that the fallerwise is	has been filed in the Court a convert which
You are nereby notified that the following hattached:	has been filed in the Court, a copy of which
Request for Continued Commitme	nent
<u></u>	
Request to Authorize Medication	<u>ı or Medical Procedure</u>
Other:	
This matter is scheduled for hearing on the	eday of, 20
atm. at	
You have the right to contest the treatment r	recommendations and the right to consult w
counsel. An attorney has been appointed for	for you. Attorney
may	y be reached at
	f said Probate Court at
Ohio, this day of,	 :
	PROBATE JUDGE
	Ву:
	Deputy Clerk

	. JUI	DGE
ESTATE OF	<u>, cc.</u>	
DECEASED		<u></u>
CASE NO		_
NOTICE OF WE		TH CLAIM
[R.C. 2] (For dates of death on or after April 4,	125.02(B)] 2023 AND within	2 years of date of
low comes	, the	
Name of Claimant	,	<u>Relationship</u>
<u>Decedent described below:</u> <u>Decedent's Full Name:</u>		
<u>First</u>	<u>Middle</u>	<u>Last</u>
AKA:	Middle	Last
Decedent's Date of Death:		
Decedent's Death Certificate ar	nd/or obituary are	
attached.		
Decedent's Social Security Number (if	known): XXX -XX	
Note: A decedent's probate estate is decedent resided. Please ensure y		
county of residence. A Notice of Cla		ng county may not
county of residence. A Notice of Cla effective.	im filed in the wro	
county of residence. A Notice of Clareffective. hereby notify all interested parties that I have	im filed in the wro	as a result of the
county of residence. A Notice of Cla effective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknow	im filed in the wrong we suffered damages wledge that because	as a result of the lam not a survivi
county of residence. A Notice of Claeffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknown parent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary is	e suffered damages wledge that because y damages. I unders appointed.	as a result of the lam not a survivitand that my claim r
county of residence. A Notice of Claneffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknown arent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary is can be reached using the contact informatics.	re suffered damages whedge that because by damages. I unders appointed.	as a result of the lam not a survivitand that my claim r
county of residence. A Notice of Claneffective. hereby notify all interested parties that I have been been and a fiduciary is can be reached using the contact informatics.	re suffered damages whedge that because by damages. I unders appointed.	as a result of the lam not a survivitand that my claim r
county of residence. A Notice of Claeffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknow parent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary is	re suffered damages whedge that because by damages. I unders appointed.	as a result of the elam not a surviving tand that my claim rev. I understand the
county of residence. A Notice of Claeffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknow parent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary is can be reached using the contact information usesponsibility to keep my contact information uses.	te suffered damages wledge that because y damages. I unders appointed. ation provided belov p-to-date.	as a result of the lam not a surviving tand that my claim resurvers. I understand the lature
county of residence. A Notice of Claneffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknown parent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary in can be reached using the contact information usesponsibility to keep my contact information usesponsibility to keep my contact information uses the c	re suffered damages whedge that because by damages. I unders appointed. ation provided below up-to-date. Claimant's Sign	as a result of the lam not a surviving tand that my claim resurvers. I understand the lature
county of residence. A Notice of Clareffective. hereby notify all interested parties that I have been notify all interested parties that I have been notify all interested parties that I have been notified in the decedent, I must prove mean notified in estate is opened and a fiduciary is can be reached using the contact informates ponsibility to keep my contact information understand or Printed Name Street Address	re suffered damages wledge that because y damages. I unders s appointed. ation provided belov p-to-date. Claimant's Sign Typed or Printe	as a result of the lam not a surviving tand that my claim result of the lam not a surviving tand that my claim results at ure
county of residence. A Notice of Clareffective. hereby notify all interested parties that I have been notify all interested parties that I have been notify all interested parties that I have been notified in the decedent, I must prove mean notified in estate is opened and a fiduciary is can be reached using the contact informates ponsibility to keep my contact information understand or Printed Name Street Address	re suffered damages wledge that because y damages. I unders s appointed. ation provided belov up-to-date. Claimant's Sign	as a result of the lam not a surviving tand that my claim result of the lam not a surviving tand that my claim results at ure
county of residence. A Notice of Clareffective. hereby notify all interested parties that I have wrongful death. By signing this form, I acknow parent, or child of the decedent, I must prove moursued if an estate is opened and a fiduciary is can be reached using the contact information usesponsibility to keep my contact information usesponsibility to	re suffered damages wledge that because y damages. I unders s appointed. ation provided belov up-to-date. Claimant's Sign Typed or Printe Street Address City, State, Zip of	as a result of the lam not a surviving tand that my claim result of the lam not a surviving tand that my claim results at ure
county of residence. A Notice of Claeffective. hereby notify all interested parties that I have been been provided in the decedent, I must prove moursued if an estate is opened and a fiduciary is can be reached using the contact informates ponsibility to keep my contact information understand the contact information understand t	re suffered damages wledge that because y damages. I unders s appointed. ation provided belov up-to-date. Claimant's Sign Typed or Printe Street Address City, State, Zip of	as a result of the lam not a surviving tand that my claim rev. I understand the lature d Name
county of residence. A Notice of Clareffective. hereby notify all interested parties that I have been proposed in the decedent, I must prove moursued if an estate is opened and a fiduciary is can be reached using the contact informates ponsibility to keep my contact information understand or Printed Name Street Address City, State, Zip Code Telephone Number (include area code)	re suffered damages wledge that because y damages. I unders s appointed. ation provided belov p-to-date. Claimant's Sign Typed or Printe Street Address City, State, Zip of	as a result of the lam not a surviving tand that my claim rev. I understand the lature d Name

Eff. Date:___

	PROBATE COURT	OFCOUNTY, OHIO			
		<u>, JUDGE</u>			
	ATE OF	1_			
DEC	CEASED CASE NO				
	VEDIEIO	ATION OF FIRMOIA DV			
		CATION OF FIDUCIARY			
[R.C. 2125.02(B); Sup.R. 70(B)]					
[For dates of death on or after April 4, 2023]					
I, the undersigned fiduciary of this estate, hereby verify that I have reviewed the docket of					
	Court for any Notices of Wrong e decedent, who died on	gful Death Claim (Form No.) filed by other next of			
OI LITE	<u>Date of</u>	<u></u> . <u>Death</u>			
[Che	ck all boxes that apply:]				
[]	None of the decedent's other	next of kin has filed a Notice of Wrongful Death			
	Claim.				
Ц		assed since the decedent's date of death.			
		s other next of kin has filed a Notice of Wrongful			
	below:	s of the decedent's date of death; and are listed			
	bolow.				
	Name of Claimant	Relationship to Decedent			
	Name of Glaimant	Troid to Tip to Deserting			
	Address of Record				
	Name of Claimant	Relationship to Decedent			
	Address of Record				
	Name of Claimant	Relationship to Decedent			
	Address of Record [Attach additional pages if no				
	Attach additional pages if he	<u>scessary.</u>			
		claimant(s) must receive or waive service of notice			
•	<u>aring on any Application to ap</u> it was filed.	prove a wrongful death settlement, regardless of t			
date	it was mou.				
Doto		Eiduoiany			
<u>Date</u>		<u>Fiduciary</u>			
Attorn	ey for Fiduciary	Attorney Registration No.			

PROPOSED FORM 14.5 - VERIFICATION OF FIDUCIARY

Eff. Date:	
------------	--