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

Comments Requested: The Supreme Court of Ohio will accept public comments until October 1, 2015, on the following proposed amendments to Standard Probate Forms within the Rules of Superintendence for the Courts of Ohio.

Comments on the proposed amendments should be submitted in writing to: John VanNorman, Senior Policy and Research Counsel, Supreme Court of Ohio, 65 South Front Street, 7th Floor, Columbus, Ohio 43215-3431, or john.vannorman@sc.ohio.gov not later than October 1, 2015. Please include your full name and mailing address in any comments submitted by e-mail.

Key to Proposed Amendment:

- 1. Existing language appears in regular type. Example: text
- 2. Existing language to be deleted appears in strikethrough. Example: text
- 3. New language to be added appears in underline. Example: <u>text</u>

PROBATE COURT OF	COUNTY, OHIO
	<u>, JUDGE</u>
N. DE . QUANCE OF NAME OF	
IN RE: CHANGE OF NAME OF	Present Name)
TO (Name Requested)	
CASE NO.	
OAOL NO.	
ADDITION TO WAIVE BLIDE	ICATION DECLUDEMENT
APPLICATION TO WAIVE PUBL AND SEAL	
[R.C. 2717.01(/	
Now comes, pursuan Court to waive the publication requirement and order the file	t to R.C. 2717.01(A)(4), hereby requests this
publication of notice in a newspaper of general circulation wil	
following reason:	
☐ Exhibits attached in support of application.	
Attorney for Applicant A	pplicant's Signature
JUDGMENT ENTRY WAIVING PUBL	ICATION AND SEALING FILE
It is hereby ORDERED that the publication requirement for the	as Application for Change of Name is waived, and
the file in the above-captioned matter be and hereby is seale	
	robate Judge
<u> </u>	iobale Juuge

FORM 21.6 - APPLICATION TO WAIVE PUBLICATION REQUIREMENT AND SEAL FILE AND JUDGMENT ENTRY

1	INSTRUCTIONS FOR PETITION FOR INVOLUNTARY TREATMENT				
2	FOR ALCOHOL AND OTHER DRUG ABUSE				
3	[R.C. 5119.90-5119.98]				
4					
5	PLEASE READ VERY CAREFULLY!!				
6					
7	***The employees of Probate Court are unable to provide assistance				
8	<u>filling out forms***</u>				
9					
10	Everything on all pages must be filled out completely.				
11					
12					
13	PLEASE TYPE OR WRITE LEGIBLY.				
14	<u>- == </u>				
15	The person who is filing the Petition must set forth facts that someone is suffering from				
16	alcohol and other drug abuse and presents an imminent danger or imminent threat of				
17	danger to self, family, or others if not treated for substance abuse. The Petition must be				
18	signed by the person who is filing the paperwork in front of a notary public.				
19					
20	 The certificate of physician must be filled out completely by a physician that has examined 				
21	the person who is suffering from alcohol and other drug abuse within two (2) days prior to				
22	the day the petition is filed with the court.				
23	-				
24	The statement of treatment provider must be completed by the facility that is going to be				
25	providing the treatment.				
26	The person filing the penerwork is reappnille for all face, court costs, evaluation				
27 28	• The person filing the paperwork is responsible for all fees, court costs, evaluation assessment costs, sheriff fees (if any apply), hearing fees, and treatment costs as stated in				
29	the Ohio Revised Code.				
30	the Onio Nevised Code.				
31	 The person filing the paperwork must place a security deposit for 50% of the total amount of 				
32	the cost of treatment with the court at the time of filing of the petition and petitioner must				
33	sign a guarantee for the rest of the payment of treatment.				
34	sign a guarantee for the react of the paymont of troutment.				
35					
36	ALL MONEY IS DUE AT THE TIME OF FILING OF THE PETITION.				

THERE WILL NOT BE ANY REFUNDS FOR THE INITIAL FILING COURT COSTS.

1	PROBATE COURT OF COUNTY, OHIO
2	, JUDGE
} -	IN THE INTEREST OF:
5	CASE NO.
7 8 9 0 1	PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE (R.C. 5119.93)
2	RESPONDENT'S Residence Address:
3 4	RESPONDENT'S Current Location (if different):
5 6	PETITIONER:
7 8	PETITIONER'S Address:
9 0 1	States that he/she is:
2	() Spouse; () Relative () Guardian of the above named Respondent
3 4 5	PETITIONER further states that the name, address, and residence of person related to the Respondent are (if known)
5 7 3	Parents or guardian:
	Name and complete address Spouse:
))	Name and complete address
3	Person having custody of Respondent: Name and complete address
4 5	Name and complete address
5	Other:
6 7 8 9 0	Name and complete address PETITIONER believes that Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief)
2	
3	

FORM 26.0 - PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE

Case No.	
	believes that the Respondent presents an imminent danger or imminamily, or others if not treated because: (state facts to support belief)
Check one:	
Certificate of Physi	cian is attached.
OR	efused all requests made by me, the Petitioner, to undergo a physicia
Petition is accompanied b 1.) A security deposit	
2.) Guarantee of Payr	
Signature of Attorney	Signature of Petitioner
Name of Attorney (Please Print)	Name of Petitioner (Please Print)
	Sworn before me and signed in my presence onof
	Notary Public
VEDIEI	CATION OF TREATMENT BY PETITIONER
	ement from Facility MUST accompany this petition***
	, the petitioner, has arranged for the treatment of
Name of Petitioner	-
Name of Respondent	to be facilitated by:
Name of Treatment Provide	<u>der</u>
Full Address of Treatmen	t Provider (Street, City, State, Zip Code) Case No.

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GUARANTEE OF PAYMENT (R.C. 5119.93(D)(2))

Pursuant to R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

person.	
By my signature below, I do hereby assume resp ALL COSTS incurred on behalf of Respondent including, but not limited to, initial examination and the Court.	for all alcohol and other drug abuse treatment,
<u>Signature</u>	<u>Date</u>
Name (Please Print)	
Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)	
Complete Billing Address	
Sworn before me and signed in my	presence on of , 20
Notary Public	

FORM 26.0 - PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE

			_, JUDGE
<u>IN THE INT</u>	EREST OF: _		
CASE NO.			
		CERTIFICATE OF	
		(R.C. 5119.92 and 5	<u>5119.93(C)(1))</u>
Affiant state	s that he/she i	s a Physician as defined in	Chapter 4731 of the Ohio Revised Code.
Affiant state	se that ha/sha (examined the above named	d Respondent on:
			al opinion, the Respondent:
(() de e e met	author trong alaahal anal/ar	
() does	() does not	suffer from alcohol and/or	drug abuse
<u>() does</u>	() does not	•	ger or imminent threat of danger to self, fam
		or others if not treated	
() does	() does not	present a substantial likel	lihood of such a threat in the near future; an
() can	() cannot	reasonably benefit from tr	reatment
		-	
	at support Affi d for treatmen	-	ent does suffer from alcohol and/or drug ab
and the nee	u ioi liealineii	<u></u>	
Type of Tre	atment: ()	Inpatient () Outpatie	ont .
TYPO OF THE	<u>umoni.</u> ()	<u> Tipationi () Outpatie</u>	<u> </u>
Length of	Treatment:		

FORM 26.1 - CERTIFICATE OF PHYSICIAN

CASE NO.			

o provide the recommended trea	<u>itment:</u>
lame of Treatment Provider	
	
elephone Number of Treatment	<u>Provider</u>
lama of Transmant Drawider	
Name of Treatment Provider	
Calanhana Number of Tractment	Drovidos
elephone Number of Treatment	Provider
lame of Treatment Provider	
name of Treatment Provider	
elephone Number of Treatment	 Provider
elephone Number of Treatment	Trovider
	Dhugisian's Cignotus
	Physician's Signature
	Name and Title of Physician (Please Print)
	Telephone Number of Physician

License Number of Physician

PROBATE COURT OF	COUNTY, OHIO
IN THE INTEREST OF:	, JUDGE
CASE NO.	
	FUSAL OF EXAMINATION . 5119.93(C)(1))
(K.C	<u>. 5119.93(C)(1))</u>
<u>l, </u>	, Petitioner, filed in this Court a
Petition on	alleging that ,
Respondent, is a person in need of substan	
	made by me, the Petitioner, to undergo a physician's
examination concerning the possible need for	or substance abuse treatment.
Petitioner's Printed Name	<u> </u>
Petitioner's Signature	
Sworn to and signed in my presence on	day of , 20 .
Notary Public	

PROBATE COURT OF	COUNTY, OHIO
, <u></u>	<u>IUDGE</u>
IN THE INTEREST OF:	
CASE NO.	
STATEMENT OF TRE	<u>EATMENT</u>
(R.C. 5119.93(C)((2))
Name of Treatment Provider	hereby agrees to provide the
appropriate treatment for Name of Responder	 nt
Name of Treatment Drevider	
Name of Treatment Provider	
Full Address of Treatment Provider (Street, City, State, & Zip C	code)
Tuil Madress of Treatment Trovider (Street, Oity, State, & Zip C	odej
Name of Contact Person at Treatment Provider	
Telephone Number for Treatment Provider	Fax Number for Treatment Provider
Estimated Time for Treatment	Estimated Cost of Treatment
	
Signature of Authorizing Agent at Treatment Provider	<u>Date</u>
Drinted Name of Authorizing Agent at Treetment Dresider	
Printed Name of Authorizing Agent at Treatment Provider	

PROBATE COURT OF	ILIDOE	COUNTY, O	<u>HIO</u>	
	<u>, JUDGE</u>			
IN THE INTEREST OF:			1	
CASE NO.				
NOTICE OF HEAR	ING ON PET	ITION		
(R.C. 511)	9.94(B)(2))			
<u>To:</u>	_			
	_			
	_ _			
You are hereby notified that a Hearing is	set on the Petition	n filed in this Cour	t alleging	that
	erson in need of in	nvoluntary treatme	ent for alc	oho
or other drug abuse.				
		at	o'clock	.M.
at County Probate Court,		<u>·</u>		
Attached is a copy of the Petition.				
	<u>udge</u>		_	

C	ASE NO.							

<u>P</u>	ROBATE COURT OF	COUNTY, OHIO
		, JUDGE
IN THE IN	TEREST OF:	
IIN I IIIE IIN	IEREST OF.	
CASE NO.		
	NOTICE TO RESE	PONDENT AND
0	RDER TO APPEAR FOR EXA	
	(R.C. 5119.94(B)	
_		
<u>To:</u>		
_		
Vari	are hereby notified that on	, filed in
	etition alleging that	is a person in need
		abuse by Court Order. The Petition is set for
Hearing be	efore this Court at:	-
Place:	County Probate Court,	
i iace	County Flobate Court,	
Date:	<u>Time:</u>	
	is to be examined	d by a Physician for the purpose of a phys
	n and by a Qualified Health Professional	I for the purpose of a drug and alcohol addic
	nt and diagnosis no later than 24 hours	before the Hearing. These examinations will
held at:		
Place:		
Data		
Date:	<u>Time:</u>	
You	are hereby ordered to appear at both the	e Court hearing and the examinations.
<u>You</u>	are hereby notified that you have the fol	llowing rights:
	*You may retain counsel. If you ar	e indigent, you may be represented by Co
	appointed counsel upon request.	
	<u> </u>	ependent expert evaluation for the purpose of
	expense.	nd alcohol addiction assessment at your o
	FORM 26.5 – NOTICE TO RESPONDENT AND ORDER	TO APPEAR FOR EXAMINATIONS AND HEARING
		Effective Date:

<u>CASE NO.</u>
Attached is a copy of the Petition.
Attached to a copy of the Foliation.
<u>Judge/Magistrate</u>
RETURN OF SERVICE
KETOKIN OF SEKVICE
I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named
Respondent.
<u>Process Server</u>
Date Served

PR(OBATE COURT OF	COUNTY, OHIO
		, JUDGE
IN THE INTE	REST OF:	
CASE NO		
<u>N</u>		AND EMERGENCY ORDER
		TO HOSPITAL
	(R.C. <u>(</u>	<u>5119.95)</u>
To:		
	e hereby notified that on	, filed in this
a Petition alle	eging that id/or other drug abuse by Court Orc	is a person in need of involuntary trea
ioi alconol al	droi other drug abuse by Court Ord	<u>iei.</u>
The (Court has received a certificati	ion from a qualified health professiona
		s from alcohol and other drug abuse and pr
an imminent other drug ab		r to self, family, or others as a result of alcoh
other drug ac	<u>use.</u>	
	ar and convincing evidence, the C	•
		nily, or others as a result of alcohol and other
hospital:	ereby orders that	be hospitalized immediately at the fo
noophan.		
Place:		
	is to be held at the hos	enital until:
	is to be field at the floor	spital until.
□ Date:	, Tii	me:, or
_		
□ The time of	of the Hearing	
_	<u>n the Healing.</u>	
_	or the riedning.	
_	-	t at·
_	s set for a Hearing before this Cour	<u>t at:</u>
_	s set for a Hearing before this Cour	t at:
The Petition i	s set for a Hearing before this Cour	

	CASE NO.
49 50	 You may retain counsel. If you are indigent, you may be represented by Court- appointed counsel upon request.
51 52 53 54 55	You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.
56 57 58	 Upon reporting to the hospital, you make a reasonable number of phone calls or use other reasonable means to:
59	contact an attorney, a licensed physician, or a qualified health professional,
60 61 62	contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance.
63 64 65	You will also be provided with assistance in making calls if the assistance is needed or requested.
66 67 68	Attached is a copy of the Petition and the Certification by the qualified health professional.
69 70 71	Judge/Magistrate
72	
	RETURN OF SERVICE
	I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named Respondent.
	Process Server
	<u>Date Served</u>

<u>PF</u>	ROBATE COURT OF	COUNTY, OHIO
	, JUDGE	
IN THE INT	EREST OF:	
CASE NO.		
	RESPONDENT'S RIGHTS (R.C. 5119.95)	
1. You the that	are hereby notified that on County, Ohio, Court of Common Ple	, a petition was file as, Probate Division, alle
<u>•</u>	suffer from alcohol and other drug abuse;	
•	present an imminent danger or imminent threat on others as a result of alcohol and drug abuse, or likelihood of such a threat in the near future; and	
<u>•</u>	can reasonably benefit from treatment.	
2. You	have the right to:	
<u>1</u> .	BE NOTIFIED AND BE PRESENT AT HEARING to determine in need of involuntary treatment for alcohol and other dr	
<u>2</u> .	. RETAIN A PHYSICIAN for the purpose of a physical health professional for the purpose of a drug and alco expense.	
<u>3.</u>	. RETAIN COUNSEL if you are unable to afford an atto by Court-appointed counsel.	rney, you will be represe
<u>4.</u>	. Make immediately a REASONABLE NUMBER of teleph to contact an attorney, physician, or a qualified healt some other person or persons to secure represent hospitalized pending the hearing.	th professional, or to cor

<u>F</u>	PROBATE COURT OF		COUNT	<u>Y, OHIO</u>
		, J	<u>UDGE</u>	
IN THE IN	TEREST OF:			
CASE NO	•	ı		
	<u>AFFIDAVIT</u>	OF INDI	GENCY	
		re	spondent, being first d	uly cautioned
sworn, sta	tes the following facts are true:	, 10	opondent, being mot d	ary badilorioa
<u>1.</u>	My current address is:			
<u>2.</u>	I have lived at this address for:			
<u>3.</u>	My current monthly income is:_			
<u>4.</u>	My monthly source of income is			
<u>5.</u>	My monthly expenses are:			
<u>6.</u>	I am responsible for the care of		persons	
7.	I own the following:			
	Real Estate		\$	
	Bank Accounts		\$	
	Automobile(s) Other (stocks, bonds, IRA	√. etc.)	<u>\$</u> \$ \$	
	TOTAL OF ASSETS		\$	
		Affiant, Re	espondent	
Sworn to b	efore me and subscribed in my pre	sence this_	day of	, 20
		Notary Pul	blic	
		ENTDV		
	<u>-</u>	<u>ENTRY</u>		
	sideration of the Affidavit of Indige		ourt finds the responde	ent is indigen
orders the	appointment of Court-Appointed C	<u>Junsei.</u>		
		<u>Judge</u>		

FORM 26.8 – AFFIDAVIT OF INDIGENCY

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE INTEREST OF:	
CASE NO.	
ΕΝΤΡΥ ΔΡΡΟΙ	NTING COUNSEL
<u>ENTRY ALTOI</u>	ITTING COCKOLL
The Court finding that the Respondent	is indigent, the Court, under R.C. 5119.94(B)(3),
appoints	, Attorney at Law, whose address is
-	
Telephone No.	
In the event that the above captioned p	erson is not indigent, the Court shall assess costs
to said person.	
	<u>Judge/Magistrate</u> .

FORM 26.9 - ENTRY APPOINTING COUNSEL

Effective Date:

FORM 26.10 - PROBABLE CAUSE HEARING DECISION AND ENTRY

PROBATE COURT OF COUNTY, OHIO, JUDGE
IN THE INTEREST OF:
CASE NO.
ENTRY SETTING HEARING & ORDERING NOTICE
On a Petition alleging
to be in need of involuntary treatment for alcohol and other drug abuse by Court Order, was filed in
this Court by
A Probable Cause Hearing was held on and the
Court found that there is probable cause to believe that the Respondent may reasonably benefit
from involuntary treatment for alcohol and other drug abuse.
Therefore, it is ORDERED that a Hearing on the Petition will be heard before this Court at
at
o'clock .M., at County Probate Court,
and that written notice of said hearing shall be
given by mail or otherwise to all persons entitled to notice who have not waived notice.
Judge

FORM 26.11 - ENTRY SETTING HEARING & ORDERING NOTICE

IN TH	IE INTEREST OF:
CASE	E NO
	<u>SUMMONS</u>
<u>TO T</u>	HE FOLLOWING NAMED RESPONDENT:
	HAVE BEEN NAMED AS A RESPONDENT IN A PETITION FILED IN THE COUNTY COURT OF COMMON PLEAS, PROBATE SION,, OHIO
<u>BY</u>	PETITIONER.
	PY OF THE PETITION IS ATTACHED HERETO. THE NAME AND ADDRESS OF FLONER'S ATTORNEY IS:
SUMN	OU WERE ORDERED TO APPEAR FOR A MEDICAL EXAMINATION ON , AND FAILED TO APPEAR. YOU ARE HEREBY MONED AND REQUIRED TO APPEAR AT
(2) IF ORDE	PITAL BY YOU FAIL TO COMPLY WITH THIS SUMMONS, YOU WILL BE SUBJECT TO A SER TO BE TRANSPORTED BY THE SHERIFF OR ANY OTHER PEACE OFFICE PITAL OR TREATMENT FACILITY.
	TIVE OR TREATMENT PROJECT.

FORM 26.12 - SUMMONS

PROBAT	E COURT OF	COUNTY, O	<u>HIO</u>
		<u>, JUDGE</u>	
IN THE INTEREST			
IN THE INTEREST			
CASE NO.			
	ORDER TO	TRANSPORT	
То	of	County, Ohio	
All the proce	eedings prescribed by law r	nandate that	
the respondent be	admitted to the		, theref
you are commande	ed forthwith to transport the	respondent to the	
	. After exe	cuting this order you will make due re	turn
thereof to this office			
		facial Drobata Court at	
	ny signature and the seal o		
Ohio this	day of	<u> </u>	
		, PROBATE JUDGE	
		,	
		D.	
		By: Deputy Clerk	
	<u>RE</u>	<u>TURN</u>	
Received the person to the place		lay, and I executed the same by trans	<u>sporting</u>
		Sheriff/Person Appointed/Police	e Office

FORM 26.13 - ORDER TO TRANSPORT

	ROBATE COURT OF	COUNTY, OHIO
	, JUDG	<u>E</u>
IN THE INT	TEREST OF:	
CASE NO.	<u>. </u>	
	ORDER	
		
<u>On</u>	, this cause came on	to be heard upon evidence
presented.		
The	Court finds from the evidence that the Responden	t was served with notice of this
hearing on	•	ner parties entitled to notice have
been serve		
The	Court finds that the Bospondont is a resident of	County Ohio
me	Court finds that the Respondent is a resident of	County, Ohio.
The	Court proceeded to hear the evidence and by clea	r and convincing thereof, the C
	he Respondent:	
	suffers from alcohol and/or other drug abuse;	
	danoro mom arconor anaror carer arag abace,	
_	ouncie from alconor anales outer arag abase,	
_ _	presents an imminent danger or imminent threa	t of danger to self, family, or otl
_		-
_	presents an imminent danger or imminent threa	
_	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and	
_	presents an imminent danger or imminent threa	
_ 	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment.	e exists a substantial likelihood
 <u></u> <u></u> <u>Base</u>	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif	e exists a substantial likelihood
 <u></u> <u></u> <u>Base</u>	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment.	e exists a substantial likelihood
□ Base finds that IN	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualific N / OUT patient treatment is consistent with the treatment.	e exists a substantial likelihood ied Health Professional, the Co atment goals.
□ Base finds that IN Ther	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif	e exists a substantial likelihood ied Health Professional, the Co atment goals.
☐ Base finds that IN Ther Responden	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif N / OUT patient treatment is consistent with the treatment, it is recommended that the Court issue an or	e exists a substantial likelihood ied Health Professional, the Co atment goals.
Base finds that IN Ther Responden for a period	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualifin N / OUT patient treatment is consistent with the treatment, it is recommended that the Court issue and ont, attend treatment at dinot to exceed	e exists a substantial likelihood ied Health Professional, the Coatment goals. order that , from the date of this decis
Base finds that IN Ther Responden for a period	presents an imminent danger or imminent threa as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif N / OUT patient treatment is consistent with the treatment, attend treatment at do not to exceed arty shall not assign as error on appeal the Court's	e exists a substantial likelihood ied Health Professional, the Coatment goals. order that , from the date of this decise adoption of any factual finding
Base finds that IN Ther Responden for a period A pa legal conclu	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif N / OUT patient treatment is consistent with the treatment, attend treatment at do not to exceed arty shall not assign as error on appeal the Court's usion, whether or not specifically designated as a feature of the specifically designated as a feature of the second service of t	e exists a substantial likelihood ied Health Professional, the Coatment goals. order that , from the date of this decise adoption of any factual finding inding of fact or conclusion of l
Base finds that IN Ther Responden for a period A pa legal concluunder Civ.R	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif N / OUT patient treatment is consistent with the treatment, attend treatment at do not to exceed arty shall not assign as error on appeal the Court's usion, whether or not specifically designated as a f R. 53(D)(3)(a)(ii), unless the party timely and specifically designated as a feature of the court is the court is the court's usion, whether or not specifically designated as a feature of the court is the court is the court's usion, whether or not specifically designated as a feature of the court is th	e exists a substantial likelihood ied Health Professional, the Coatment goals. order that , from the date of this decise adoption of any factual finding inding of fact or conclusion of l
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Base finds that IN Ther Responden for a period A pa legal concluunder Civ.R	presents an imminent danger or imminent threat as a result of alcohol and/or drug abuse or there such a threat in the near future; and can reasonably benefit from treatment. ed upon the recommendation of the treating Qualif N / OUT patient treatment is consistent with the treatment, attend treatment at do not to exceed arty shall not assign as error on appeal the Court's usion, whether or not specifically designated as a f R. 53(D)(3)(a)(ii), unless the party timely and specifically designated as a feature of the court is the court is the court's usion, whether or not specifically designated as a feature of the court is the court is the court's usion, whether or not specifically designated as a feature of the court is th	e exists a substantial likelihood ied Health Professional, the Coatment goals. order that , from the date of this decise adoption of any factual finding inding of fact or conclusion of li
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