

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: text

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 **filling out forms*****
9

10 **Everything on all pages must be filled out completely.**
11

- 12
- 13 • PLEASE TYPE OR WRITE LEGIBLY.
- 14
- 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
- 27 • The person filing the paperwork is responsible for all fees, court costs, evaluation
28 assessment costs, sheriff fees (if any apply), hearing fees, and treatment costs as stated in
29 the Ohio Revised Code.
30
- 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

35

36 **ALL MONEY IS DUE AT THE TIME OF FILING OF THE PETITION.**
37

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

Case No. _____

PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family, or others if not treated because: (state facts to support belief)

Check one:

- ☐ Certificate of Physician is attached.
OR
☐ Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by:

- 1.) A security deposit in the amount of \$ _____.
- 2.) Guarantee of Payment form.

Signature of Attorney

Signature of Petitioner

Name of Attorney (Please Print)

Name of Petitioner (Please Print)

Sworn before me and signed in my presence on _____ of _____, 20____

Notary Public

VERIFICATION OF TREATMENT BY PETITIONER

*** A statement from Facility MUST accompany this petition***

_____, the petitioner, has arranged for the treatment of
Name of Petitioner

_____ to be facilitated by:
Name of Respondent

Name of Treatment Provider

Full Address of Treatment Provider (Street, City, State, Zip Code)

Case No. _____

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.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

Signature

Date

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

CASE NO. _____

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

CERTIFICATE OF PHYSICIAN
(R.C. 5119.92 and 5119.93(C)(1))

Affiant states that he/she is a Physician as defined in Chapter 4731 of the Ohio Revised Code.

Affiant states that he/she examined the above named Respondent on: _____
and based on that examination, in his/her professional opinion, the Respondent:

() does () does not suffer from alcohol and/or drug abuse

() does () does not present an imminent danger or imminent threat of danger to self, family,
or others if not treated

() does () does not present a substantial likelihood of such a threat in the near future; and

() can () cannot reasonably benefit from treatment

The facts that support Affiant's belief that Respondent does suffer from alcohol and/or drug abuse
and the need for treatment:

Type of Treatment: () Inpatient () Outpatient

Length of Treatment: _____

CASE NO. _____

45 Affiant further certifies that he/she knows that the following treatment facilities are willing and able
46 to provide the recommended treatment:
47
48

49 _____
50 Name of Treatment Provider

51 _____
52 _____
53 Telephone Number of Treatment Provider

54 _____
55 _____
56 Name of Treatment Provider

57 _____
58 _____
59 Telephone Number of Treatment Provider

60 _____
61 _____
62 Name of Treatment Provider

63 _____
64 _____
65 Telephone Number of Treatment Provider

66 _____
67 _____
68 _____
69 _____
70 _____
71 _____
72 Physician's Signature

73 _____
74 _____
75 _____
76 Name and Title of Physician (Please Print)

77 _____
78 _____
79 _____
80 Telephone Number of Physician

81 _____
82 _____
83 _____
84 License Number of Physician

CASE NO. _____

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

NOTICE TO RESPONDENT AND
ORDER TO APPEAR FOR EXAMINATIONS AND HEARING
(R.C. 5119.94(B)(3)(4) and (5))

To: _____

You are hereby notified that on _____, _____ filed in this
Court a Petition alleging that _____ is a person in need of
involuntary treatment for alcohol and/or other drug abuse by Court Order. The Petition is set for a
Hearing before this Court at:

Place: _____ County Probate Court, _____.

Date: _____ Time: _____

_____ is to be examined by a Physician for the purpose of a physical
examination and by a Qualified Health Professional for the purpose of a drug and alcohol addiction
assessment and diagnosis no later than 24 hours before the Hearing. These examinations will be
held at:

Place: _____.

Date: _____ Time: _____

You are hereby ordered to appear at both the Court hearing and the examinations.

You are hereby notified that you have the following rights:

*You may retain counsel. If you are indigent, you may be represented by Court-
appointed counsel upon request.

*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.

CASE NO. _____

Attached is a copy of the Petition.

Judge/Magistrate

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

Date Served

CASE NO. _____

- You may retain counsel. If you are indigent, you may be represented by Court-appointed counsel upon request.
- 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.
- Upon reporting to the hospital, you make a reasonable number of phone calls or use other reasonable means to:
 - contact an attorney, a licensed physician, or a qualified health professional,
 - contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance.

You will also be provided with assistance in making calls if the assistance is needed or requested.

Attached is a copy of the Petition and the Certification by the qualified health professional.

Judge/Magistrate

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

Date Served

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

ENTRY APPOINTING COUNSEL

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 person is not indigent, the Court shall assess costs
to said person.

Judge/Magistrate

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF:

CASE NO.

ORDER TO TRANSPORT

To _____ of _____ County, Ohio

All the proceedings prescribed by law mandate that
the respondent be admitted to the, therefore,
you are commanded forthwith to transport the respondent to the
. After executing this order you will make due return
thereof to this office.

WITNESS my signature and the seal of said Probate Court at _____,
Ohio this _____ day of _____, _____.

PROBATE JUDGE

By:

Deputy Clerk

RETURN

Received this Order to Transport this day, and I executed the same by transporting the
person to the place designated.

Sheriff/Person Appointed/Police Officer

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36
- 37
- 38
- 39
- 40
- 41
- 42
- 43

CASE NO. _____

ORDER

The Court finds that the Respondent is a resident of _____ County, Ohio.

- ☐ suffers from alcohol and/or other drug abuse;
- ☐ presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and/or drug abuse or there exists a substantial likelihood of such a threat in the near future; and
- ☐ can reasonably benefit from treatment.

Therefore, it is recommended that the Court issue an order that _____,
Respondent, attend treatment at _____
for a period not to exceed _____, from the date of this decision.

A party shall not assign as error on appeal the Court's adoption of any factual finding or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ.R. 53(D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ.R. 53(D)(3)(b).

☐ Judge