

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_, **AN ADULT**  
**CASE NO.** \_\_\_\_\_

**NOTICE OF PETITION FOR COURT ORDERED PROTECTIVE SERVICES**

[R.C. 5101.66]

**TO:** \_\_\_\_\_  
Name and Address of Adult Incapacitated Person

Name	Address	Relationship of Adult
Adult, Guardian, Legal Counsel, Caretaker, Spouse, if any, and if none of these to the Adult's Children or Next of Kin		

You are hereby notified that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the Butler County Department of Job & Family Services filed in this Court a Petition for Court Ordered Protective Services for the above named Adult for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_ .

This Petition for Court Ordered Protective Services shall be heard in the Butler County Probate Court located at the Butler County Courthouse, 101 High Street, Second Floor Hamilton, Ohio on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock AM/PM

The Adult has the right to legal counsel and if indigent, legal counsel will be appointed if requested.

WITNESS my signature and seal of said Court,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

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

**WAIVER OF NOTICE**

We, the undersigned, whose relationship to the Adult is indicated, enter our appearance and waive notice and consent to the hearing.

Name	Relationship to the Adult
_____	_____
_____	_____
_____	_____

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

State of Ohio, Butler County Probate Court

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

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

John M. Holcomb, Probate Judge

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

**RETURN**

Butler County, Ohio

\_\_\_\_\_, \_\_\_\_\_

Received this notice on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock AM/PM and on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served the same by delivering a true copy thereof personally to \_\_\_\_\_

\_\_\_\_\_

_____	FEES	_____
_____	Service and return, 1 <sup>st</sup> name, \$	_____
_____	Additional names, at \$	_____
_____	Miles traveled, at \$	_____
_____	\$	_____
_____	Total \$	_____

_____	Sheriff
_____	Deputy Sheriff/Process Server
_____	Name
_____	Title