

PROBATE COURT OF BUTLER COUNTY, OHIO

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 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. _____

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

Name of Treatment Provider

Telephone Number of Treatment Provider

Name of Treatment Provider

Telephone Number of Treatment Provider

Name of Treatment Provider

Telephone Number of Treatment Provider

Physician's Signature

Name and Title of Physician (Please Print)

Telephone Number of Physician

License Number of Physician