

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE INTEREST OF: _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF EXAMINATION

I, _____, Petitioner, filed in this Court a
Petition on _____ alleging that _____
Respondent is a person in need of substance abuse treatment by Court Order.

Respondent has refused all requests made by me, the Petitioner, to undergo a physician's
examination concerning the possible need for substance abuse treatment.

Petitioner's Printed Name

Petitioner's Signature

Sworn to and signed in my presence on _____ day of _____, _____.

Notary Public