

# PROBATE COURT OF BUTLER COUNTY, OHIO

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: Butler County Probate Court, 101 High Street, Second Floor Hamilton, OH 45011

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