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

IN THE INTEREST OF: _____

CASE NO. _____

STATEMENT OF TREATMENT
[R.C. 5119.93(C)(2)]

_____ hereby agrees to provide the
Name of Treatment Provider

appropriate treatment for _____ .

_____
Name of Treatment Provider

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

_____
Name of Contact Person at Treatment Provider

_____
Telephone Number for Treatment Provider — Fax Number for Treatment Provider

_____
Estimated Time for Treatment — Estimated Cost of Treatment

_____ _____
Signature of Authorizing Agent at Treatment Provider — Date

_____
Printed Name of Authorizing Agent at Treatment Provider