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

IN THE MATTER OF _____

Case No. _____

AFFIDAVIT OF SUPERVISOR/ADMINISTRATOR

Affiant being first duly sworn, deposes and says:

In accordance with the order of this Court dated _____,

the above named ward was _____
(Action Taken Regards the Ward)

_____

_____

_____

Sworn to before me and subscribed in my presence this _____ day of _____ , _____ .

_____
Notary Public

1. The affidavit must be signed by a supervisor/administrator of a rest home or facility (if ward was admitted to same), doctor or medical provider (if ward was hospitalized, medicated or surgical procedures performed), etc.

2. This form must be **RETURNED** to the Butler County Probate Court **NO LATER THAN FIVE (5) DAYS** after the expiration of the 72 hour order.