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

IN THE MATTER OF _____

Respondent, Alleged To Be Mentally Ill

CASE NO. _____

APPLICATION FOR RELEASE OF INFORMATION FROM CIVIL COMMITMENT FILE

[R.C. 5122.31]

Now comes _____ and requests the Court to release to him/her the information in the Court's file in the above-captioned matter. In making such application, applicant affirms the following:

[If the respondent is living, check the appropriate boxes for the following statements.]

☐ I am the respondent in this case.

☐ I am the guardian of the respondent in this case. Filed with this application is a certified copy of my Letters of Guardianship.

☐ The respondent has agreed to the release of information to me. Filed with this application is his/her waiver of hearing and consent.

☐ The guardian of the respondent has agreed to the release of information to me. Filed with this application are the guardian's waiver of notice of hearing and consent and a certified copy of the Letters of Guardianship.

☐ The requested release of information is in the best interest of the respondent for the following reasons:

_____

_____

_____

_____

[If the respondent is deceased, check the appropriate boxes for the following statements. If respondent is deceased, a certified death certificate must be filed with this application.]

☐ I am the executor or administrator of the estate of the respondent. Filed with this application is a certified copy of my Letters of Authority. The information contained in respondent's civil commitment file is necessary to administer his/her estate.

☐ I was related to the respondent in the following manner:

_____

_____

☐ There are others, now living, who were as closely, or more closely related to the respondent. The names, addresses, and relationships of these persons are listed on Form 1.0, which is filed with this application.

☐ I have obtained waivers of notice of hearing and consents for release of information from ☐ none ☐ some ☐ all of those listed on Form 1.0. These waivers of notice and consents are filed with this application.

The reasons for my desiring the release of this confidential information are as follows:

Attorney signature

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

Attorney Registration No.

Applicant's signature

Typed or Printed Name

Street Address

City City Zip Code

Phone Number (include area code)