

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE INTEREST OF: \_\_\_\_\_

Case No. \_\_\_\_\_

## PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE

[R.C. 5119.93]

RESPONDENT'S Residence Address: \_\_\_\_\_

RESPONDENT'S Current Location (if different): \_\_\_\_\_

PETITIONER: \_\_\_\_\_

PETITIONER'S Address: \_\_\_\_\_

States that he/she is:

Spouse;      Relative \_\_\_\_\_      Guardian of the above named Respondent

PETITIONER further states that the name, address, and residence of person related to the Respondent are (if known)

Parents or guardian: \_\_\_\_\_  
Name and complete address

Spouse: \_\_\_\_\_  
Name and complete address

Person having custody of Respondent: \_\_\_\_\_  
Name and complete address

Nearest Relative: \_\_\_\_\_  
Name and complete address

Friend: \_\_\_\_\_  
Name and complete address

PETITIONER believes that Respondent is a person suffering from alcohol and/or other drug abuse because: (state facts to support belief)

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**CASE NO.** \_\_\_\_\_

Petitioner also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family, or others if not treated because: (state facts to support belief)

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Check one:

Certificate of Physician is attached.

OR

Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by:

- 1.) A security deposit in the amount of \$
- 2.) Guarantee of Payment form.

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name of Attorney (Please Print)

\_\_\_\_\_  
Name of Petitioner (Please Print)

Sworn to me and signed in my presence on \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

### **VERIFICATION OF TREATMENT BY PETITIONER**

**\*\*\*A statement from Facility MUST accompany this petition\*\*\***

\_\_\_\_\_, the petitioner, has arranged for the treatment of  
Name of Petitioner

\_\_\_\_\_ to be facilitated by:  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City, State, Zip Code)

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## GUARANTEE OF PAYMENT

[R.C. 5119.93(D)(2)]

Pursuant to R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship to Respondent (Petitioner, Spouse, Relative, or Guardian)

\_\_\_\_\_  
Complete Billing Address

Sworn to me and signed in my presence on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE INTEREST OF: \_\_\_\_\_

Case No. \_\_\_\_\_

## CERTIFICATE OF PHYSICIAN

[R.C. 5119.92 AND 5119.93(C)(1)]

Affiant states that he/she is a Physician as defined in Chapter 4731 of the Revised Code.

Affiant states that he/she examined the above named Respondent on:  
and based on that examination, in his/her professional opinion, the Respondent:

does      does not      suffer from alcohol and/or drug abuse

does      does not      present an imminent danger or imminent threat of danger to self, family,  
or others if not treated

does      does not      present a substantial likelihood of such a threat in the near future; and

can      cannot      reasonably benefit from treatment

The facts that support Affiant's belief that Respondent does suffer from alcohol and/or drug abuse  
and the need for treatment:

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Type of Treatment:              Inpatient              Outpatient

Length of Treatment: \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

Affiant further certifies that he/she knows that the following treatment facilities are willing and able to provide the recommended treatment:

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Telephone Number of Treatment Provider

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Name and Title of Physician (Please Print)

\_\_\_\_\_  
Telephone Number of Physician

\_\_\_\_\_  
License Number of Physician

# 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

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

## STATEMENT OF TREATMENT

\_\_\_\_\_ 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

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

## AFFIDAVIT OF INDIGENCY

\_\_\_\_\_, respondent, being first duly cautioned and sword, states the following facts to be true:

1. My current address is: \_\_\_\_\_
2. I have lived at this address for: \_\_\_\_\_
3. My current monthly income is: \_\_\_\_\_
4. My monthly source of income is: \_\_\_\_\_
5. My monthly expenses are: \_\_\_\_\_
6. I am responsible for the care of \_\_\_\_\_ persons
7. I own the following:

Real Estate	\$ _____
Bank Accounts	\$ _____
Automobiles	\$ _____
Other (stocks, bonds, IRA, etc.)	\$ _____
TOTAL OF ASSETS	\$ _____

\_\_\_\_\_  
Affiant, Respondent

Sworn to before me and subscribed in my present this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

## ENTRY

Upon consideration of the Affidavit of Indigency, the Court finds the respondent is indigent and orders the appointment of Court-Appointed Counsel.

\_\_\_\_\_  
Judge