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

IN THE INTEREST OF: _____

CASE NO. _____

PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE
[R.C. 5119.93]

RESPONDENT: _____

RESPONDENT'S Residence Address: _____

RESPONDENT'S Current Location (if different): _____

PETITIONER: _____

PETITIONER'S Address: _____

PETITIONER'S Phone Number: _____

PETITIONER'S E-mail 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 living and 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). If the Petitioner believes the Respondent is suffering from opioid or opiate abuse, the Petitioner shall state whether the Respondent has overdosed and been revived by an opioid antagonist one or more times or whether the Respondent has overdosed in a vehicle or in the presence of a minor. Please explain.

_____

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)

_____

_____

_____

_____

_____

Check one:

☐ Certificate of Physician is attached. Exam must be within two days prior to filing date of Petition.

OR

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

Petition is accompanied by: (check one or more)

☐ A security deposit in the amount of $_____, representing one-half of the estimated cost of treatment;

OR

☐ Documentation establishing that insurance coverage of the Petitioner or Respondent will cover at least half of the estimated cost of treatment of the Respondent;

OR

☐ Other evidence to the satisfaction of the Court establishing that the Petitioner or Respondent will be able to cover some of the estimated cost of treatment.

CASE NO. _____

Petition shall also be accompanied by: (check one or more)

☐ Guarantee of Payment form;

OR

☐ Documentation establishing insurance coverage of Petitioner or Respondent will cover the full cost of treatment;

OR

☐ Documentation that Petitioner or Respondent will cover some of the estimated cost of treatment.

The Petitioner represents that all of the above information is true and accurate.

_____ _____
Signature of Attorney Signature of Petitioner

_____ _____
Name of Attorney (Please Print) Name of Petitioner (Please Print)

_____
Attorney Registration Number

Sworn before me and signed in my presence on _____of _____, 20_____

_____
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)

CASE NO. _____

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 before me and signed in my presence on _____ of _____, 20____

_____

Notary Public

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

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:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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
JOHN M. HOLCOMB, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF EXAMINATION
[R.C. 5119.93(C)(1)]

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
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

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

IN THE INTEREST OF: _____

CASE NO. _____

AFFIDAVIT OF INDIGENCY FOR INVOLUNTARY TREATMENT

_____, 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	$ 0.00

_____
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