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

ESTATE OF _____, **DECEASED**

CASE NO. _____

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

Now comes _____ (Applicant's Name) the _____ (Relationship) of the above named decedent who died on _____ and resided at _____ _____ whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

☐ Applicant is an individual who is eligible to be appointed as a personal representative of the above named decedent's estate under Ohio law; or

☐ Applicant is named as executor in the above named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

_____
Signature

_____
Printed Name of Applicant

_____
Address

_____
City/State/Zip

_____
Phone Number

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

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

To the following persons:

Name	Address
	City/State/Zip
Name	Address
	City/State/Zip
Name	Address
	City/State/Zip
Name	Address
	City/State/Zip

_____ has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the _____ County Probate Court, located at _____, Suite _____, _____, Ohio _____ on the _____ day of _____, 20_____ _____ at o'clock ____ M.

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

ESTATE OF _____, **DECEASED**

CASE NO. _____

WAIVER OF NOTICE/CONSENT
[R.C. 2113.032]

Application of _____ for release of medical records and medical billing records of the above named decedent.

The undersigned, being the next of kin of the above named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above named decedent.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

ESTATE OF _____, **DECEASED**

CASE NO. _____

ENTRY AUTHORIZING RELEASE OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

_____ _____

Date John M. Holcomb, Probate Judge

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

ESTATE OF _____, **DECEASED**

CASE NO. _____

REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

☐ An application to administer decedent's estate will not be filed.

☐ An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

_____
Signature

_____
Print Name

_____
Address

_____
City State Zip

_____
Phone Number

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

ESTATE OF _____, **DECEASED**

CASE NO. _____

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES
[R.C. 2105.06, 2106.13, 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purpose. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.

☐ The surviving spouse is the natural or adoptive parent of at least one, but not all of the decedent's children.

☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.

☐ There are minor children of the decedent who are not the children of the surviving spouse.

☐ There are minor children of the decedent and no surviving spouse.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

[Check whichever of the following is applicable]

☐ This will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

_____ _____

Date Applicant (or give other title)

_____