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

[R.C. 5119.90 – 5119.98]

PLEASE READ VERY CAREFULLY!!

The employees of Probate Court are unable to provide assistance filling out forms

Everything on all pages must be filled out completely.

- PLEASE TYPE OR WRITE LEGIBLY.
- The person who is filing the Petition must set forth facts that someone is suffering from alcohol and other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others if not treated for substance abuse. The Petition must be signed by the person who is filing the paperwork in front of a notary public.
- The certificate of physician must be filled out completely by a physician that has examined the person who is suffering from alcohol and other drug abuse within two (2) days prior to the day the petition is filed with the Court.
- The statement of treatment provider must be completed by the facility that is going to be providing the treatment.
- The person filing the paperwork is responsible for all fees, court costs, evaluation assessment costs, sheriff fees (if any apply), hearing fees, and treatment costs as stated in the Ohio Revised Code.
- The person filing the paperwork must place a security deposit for 50% of the total amount of the cost of treatment with the Court at the time of filing of the petition and petitioner must sign a guarantee for the rest of the payment of treatment.

ALL MONEY IS DUE AT THE TIME OF FILING OF THE PETITION.

THERE WILL NOT BE ANY REFUNDS FOR THE INTITIAL FILING COURT COSTS.