

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**JEFFREY D. MACKEY, JUDGE**

IN THE MATTER OF \_\_\_\_\_

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

**BAILIFF'S SPECIAL PICKUP INSTRUCTIONS**

Date of Hearing: \_\_\_\_\_

Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Height.: \_\_\_\_\_

Eyes (color): \_\_\_\_\_

Weight.: \_\_\_\_\_

Hair (color): \_\_\_\_\_

S.S.N.: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Location of Patient and Address: \_\_\_\_\_

Patient Phone Number / Best Time of Day to Contact: \_\_\_\_\_

Affiant Phone Number: \_\_\_\_\_

	Yes	No	Unknown
	<i>Please explain below.</i>		
Weapons available? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likely to resist? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Need interpreter? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past history of mental illness? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past criminal record? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible dangerous situation? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contagious disease? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant