

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**Judge Robert G. Montgomery**

IN THE MATTER OF:

Case No. MI - \_\_\_\_\_

Mentally Ill

Date: \_\_\_\_\_

**HEARING ON CONTESTED MATTERS**  
**MEDICATION / MEDICAL PROCEDURE**

[R.C. 2101.24(A)(1)(t); R.C. 5122.271;  
Steele v. Hamilton Cty. Community Mental Health Board, 2000-Ohio-47]

- Initial Application                       Prior Order Review

**DECISION OF MAGISTRATE**  
**HEARING NOTES**

Attorney for Respondent ("R") \_\_\_\_\_

Attorney for  Franklin Co  \_\_\_\_\_ ADAMH Board  ODMH  
 Mental Health Recovery Services Board  other \_\_\_\_\_

Court Reporter \_\_\_\_\_ Interpreter \_\_\_\_\_

Independent expert \_\_\_\_\_ Guardian \_\_\_\_\_

R present  yes  no  Presence waived by R's counsel

Attorney for R discuss hearing and rights with R  yes  no

Hospital physician \_\_\_\_\_  Qualifications stipulated

Authenticity and admissibility of medical records stipulated  Testimony as to qualifications

Reserving right to object

Treating physician Since \_\_\_\_\_

Testifying for treating physician \_\_\_\_\_ who is unavailable to testify

due to \_\_\_\_\_

Collaborating physician for \_\_\_\_\_ nurse practitioner

Discuss medication ("Rx") benefits & risks  yes  no \_\_\_\_\_

Based on education, training, experience, review of medical records, and all information available regarding R, able to reach an opinion to a reasonable degree of medical certainty regarding R's capacity to make an informed consent decision regarding R's care and treatment?  yes  no

Capacity?  yes  no Insight  yes  no basis of opinion \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION / MEDICAL PROCEDURE HEARING**

Respondent \_\_\_\_\_

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Medication offered  yes  no refused  yes  no  completely  not completely

Treatment ("Tx") regimen per application supported by testimony  yes  no  amended

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Nature/risk of side effects per application supported by testimony  yes  no

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Benefits of prescribed Rx outweigh risk of side effects  yes  no

Any less intrusive Tx available  yes  no

Is proposed Tx in the best interests of R  yes  no

Expected results w/ prescribed Tx \_\_\_\_\_

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Expected results w/o prescribed Tx \_\_\_\_\_

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Requesting authority to obtain prior medical records    Objection  yes  no

Basis \_\_\_\_\_

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Sustained  Overruled  Basis \_\_\_\_\_

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Motion by to amend application by  ADAMH/MHR SB/ODMH attorney  R's attorney  Court

to  add  delete  medication  lab work  other \_\_\_\_\_

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Objection  yes  R's attorney  ADAMH/MHR SB/ODMH attorney  no objection

basis \_\_\_\_\_

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Sustained  Overruled  Basis \_\_\_\_\_

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Additional notes regarding hospital physician direct examination testimony \_\_\_\_\_

**MEDICATION / MEDICAL PROCEDURE HEARING**

Respondent \_\_\_\_\_

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Hospital physician cross examined  yes  no \_\_\_\_\_

Court physician \_\_\_\_\_  Qualifications stipulated  
 Testimony as to qualifications

Interview R  yes  no When \_\_\_\_\_

Read application  yes  no Hear testimony of hospital physician  yes  no

Capacity to make informed consent decision  yes  no Insight  yes  no

Concur w/ opinion of hospital physician re: Tx and Rx  yes  no \_\_\_\_\_

Concur w/ opinion of hospital physician re: side effects  yes  no \_\_\_\_\_

Benefits of prescribed Rx outweigh risk of side effects  yes  no

Any other less intrusive Tx available  yes  no

Is proposed Tx in the best interests of R  yes  no

Concur w/ opinion of hospital physician re: expected results w/ prescribed Tx  yes  no

Concur w/ opinion of hospital physician re: expected results w/o prescribed Tx  yes  no

Additional notes regarding court physician direct examination testimony \_\_\_\_\_

Court physician cross examined  yes  no \_\_\_\_\_

R testify  yes  no \_\_\_\_\_

**MEDICATION / MEDICAL PROCEDURE HEARING**

Respondent \_\_\_\_\_

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Any other witness(es)  yes  no

Additional notes: \_\_\_\_\_

Motion for continuance  R's attorney  ADAMH/MHR SB/ODMH attorney  Court

Basis  independent expert  independent counsel  other

objection  yes  no  ADAMH/MHR SB/ODMH attorney  R's attorney

Basis \_\_\_\_\_

Sustained  Overruled  Basis \_\_\_\_\_

**FINDINGS OF FACT**

Respondent's county of residence \_\_\_\_\_

The evidence is  is not  clear and convincing as to all of the following:

Respondent is  is not  a mentally ill person who would benefit from the proposed treatment and medication.

Respondent is  unable  able to process information regarding the need for and benefit of the proposed medication and treatment in relation to the potential risk of side effects in order to make an informed consent decision regarding the taking of the proposed medication.

Respondent therefore does  does not  lack the capacity to make an informed consent decision regarding the taking of the proposed medication.

The benefits of the proposed medication do  do not  outweigh the risk of potential side effects of such medication.

There is  is not  a less intrusive treatment regimen for Respondent other than the proposed treatment and medication

The application is  is not  amended to include  delete  the following provisions:  
 medication \_\_\_\_\_  authorization to conduct lab work

**MEDICATION / MEDICAL PROCEDURE HEARING**

Respondent \_\_\_\_\_

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other \_\_\_\_\_

The hospital requests authority to obtain medical records regarding Respondent from other health care providers

Other findings of fact \_\_\_\_\_

**CONCLUSIONS OF LAW**

Respondent is  is not  subject to medication and treatment per the terms of the application

as amended to include  delete  \_\_\_\_\_

The hospital should be authorized to obtain medical records regarding Respondent from other health care providers.

other conclusions of law \_\_\_\_\_

**RECOMMENDATIONS**

The Magistrate recommends that:

The hospital be  not be  authorized to treat and medicate Respondent in accordance with the terms of the application  as amended.

for n/a days or not to exceed the current commitment, whichever is shorter

for \_\_\_\_\_ days or not to exceed the current commitment, whichever is shorter

The hospital be  not be  authorized to obtain medical records regarding Respondent from other health care providers.

The hearing be continued to \_\_\_\_\_ . 201 \_\_\_\_ for the following reason(s)

obtain independent expert  obtain independent counsel

other \_\_\_\_\_

Other recommendations \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Magistrate