

**PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE**

**INSTRUCTIONS FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND
OTHER DRUG ABUSE PETITION**
[R.C. 5119.90-5119.98]

THE EMPLOYEES OF PROBATE COURT ARE UNABLE TO PROVIDE ASSISTANCE FILING 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 (form AD-26.1) 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 (form AD-26.3) must be completed by the facility that is going to be providing treatment and included with the Petition.

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 include and sign Guarantee of Payment (form AD-26.0C) 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 INITIAL FILING COURT COSTS.

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

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

[R.C. 5119.93]

Respondent's Address: _____

City, State and Zip: _____

Respondent's Current Location (if different): _____

Petitioner's Name: _____

Petitioner's Address: _____

City, State and Zip: _____

Petitioner states the he/she is a Spouse Relative _____ Guardian of the Respondent.

Petitioner further states the name and complete address of persons related to the Respondent are (if known):

Parent(s) or Guardian's name(s): _____

Address, City, State and Zip: _____

Spouse's name: _____

Address, City, State and Zip: _____

Person having custody of Respondent's name: _____

Address, City, State and Zip: _____

Nearest relative: _____

Address, City, State and Zip: _____

Friend: _____

Address, City, State and Zip: _____

CASE NO. _____

Petitioner believes that Respondent is a person suffering from alcohol and/or other drug abuse because (state facts to support belief): _____

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): _____

Signature of Attorney

Signature of Petitioner

Typed or Printed Name

Typed or Printed Name

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____, 20 _____.

Notary Public/Deputy Clerk

VERIFICATION OF TREATMENT BY PETITIONER

A Statement of Treatment (form AD-26.3) must be filled out by the facility, and accompany this petition.

I, _____, Petitioner, has arranged for the treatment of _____, Respondent, to be facilitated by:

Name of Treatment Provider: _____

Address: _____

City State and Zip: _____

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

GUARANTEE OF PAYMENT

[R.C. 5119.93(D)(2)]

The Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, treatment, and hearing cost for the Respondent for alcohol and other drug abuse as may be hereinafter 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

Typed or Printed Name

Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)

Complete Billing Address,

City, State and Zip.

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____, 20 _____.

Notary Public/Deputy Clerk

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

CERTIFICATE OF PHYSICIAN

[R.C. 5119.92 AND 5991.93(C)(1)]

Affiant states the he/she is a Physician as defined in Chapter 4731 of the Ohio 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 are: _____

CASE NO. _____

Type of Treatment: Inpatient Outpatient

Length of Treatment: _____

Affiant further certifies that he/she knows that the following treatment facilities are willing and able to provide the recommended treatment:

1. Name of Treatment Provider: _____

Phone Number: _____

2. Name of Treatment Provider: _____

Phone Number: _____

3. Name of Treatment Provider: _____

Phone Number: _____

Physician's Signature

Typed or Printed Name and Title

Phone

Physician License Number

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

PROBABLE CAUSE HEARING DECISION AND ENTRY

On _____, this cause came on to be heard upon evidence presented in the Petition that was filed on _____ by _____.

The Court finds that the Petitioner was examined under oath as to the contents of the Petition.

The Court proceeded to hear the evidence and after full and careful consideration thereof the Court finds that there is sufficient evidence to establish by probable cause that the respondent:

- Suffers from alcohol and other drug abuse;
- Presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and
- Can reasonably benefit from treatment.

IT IS ORDERED that a Full Hearing is to be held on _____ at _____ o'clock ____M. at Franklin County Probate Court, _____

to determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment for alcohol and other drug abuse.

Written notice of said hearing shall be given by mail or otherwise to all persons entitled to notice.

Signature Page Attached

Robert G. Montgomery

Probate Judge

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

On _____, a Petition alleging _____ to be in need of involuntary treatment for alcohol and other drug abuse by Court Order, was filed in this Court by _____.

A Probable Cause Hearing was held on _____ and the Court found that there is probable cause to believe that the Respondent may reasonably benefit from involuntary treatment for alcohol and other drug abuse.

Therefore, it is ORDERED that a Hearing on the Petition will be heard before this Court on _____ at _____ o'clock ____M. at Franklin County Probate Court, _____ and that written notice of said hearing shall be given by mail or otherwise to all persons entitles to notice who have not waived notice.

Signature Page Attached

Robert G. Montgomery
Probate Judge

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

SUMMONS

TO THE FOLLOWING NAMED RESPONDENT:

YOU HAVE BEEN NAMED AS A RESPONDENT IN A PETITION FILED IN THE FRANKLIN COUNTY COURT OF COMMON PLEAS, PROBATE DIVISION 373 S. HIGH STREET, 22ND FLOOR, COLUMBUS OHIO 43215.

BY: _____, PETITIONER

A COPY OF THE PETITION IS ATTACHED HERETO. THE NAME AND ADDRESS OF THE PETITIONER'S ATTORNEY IS:

1. YOU WERE ORDERED TO APPEAR FOR A MEDICAL EXAMINATION ON _____, AND FAILED TO APPEAR. YOU ARE HEREBY SUMMONED AND REQUIRED TO APPEAR AT _____ HOSPITAL BY _____.

2 IF YOU FAIL TO COMPLY WITH THE SUMMONS, YOU WILL BE SUBJECT TO AN ORDER TO BE TRANSPORTED BY THE SHERIFF OR ANY OTHER PEACE OFFICE TO A HOSPITAL OR TREATMENT FACILITY.

By: _____
Deputy Clerk

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

ORDER TO TRANSPORT

To _____, of Franklin County Ohio,

All the proceedings prescribed by law mandate that _____, Respondent, be admitted to the _____, therefore, you are commanded forthwith to transport the Respondent to the _____. After executing this order you will make due return thereof to this office.

WITNESS my signature and the seal of said Probate Court at Franklin County, Ohio this _____ day of _____, _____.

Signature Page Attached

Robert G. Montgomery
Probate Judge

RETURN

Received the Order to Transport this day, and I executed the same by transporting the person to the place designated.

Sheriff/Person Appointed/Police Officer

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

ORDER

On _____, this cause came to be heard upon evidence presented.

The Court finds from the evidence that the Respondent was served with notice of this hearing on _____ and that other parties entitled to notice have been served.

The Court finds that the Respondent is a resident of Franklin County, Ohio.

The Court proceeded to hear the evidence and by clear and convincing thereof, the Court finds that the Respondent:

- Suffers from alcohol and/or other drug abuse;
- presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and/or drug abuse or there exists a substantial likelihood of such a threat in the near future; and
- can reasonably benefit from treatment.

Based upon the recommendation of the treating Qualified Health Professional, the Court finds that IN OUT patient treatment is consistent with the treatment goals.

Therefore, it is recommended that the Court issue an order that _____, Respondent, attend treatment at _____ for a period not to exceed _____, from the date of this decision.

A party shall not assign as error on appeal the Court's adoption of any factual finding or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ.R. 53(D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ.R. 53(D)(3)(b).

Signature Page Attached

Robert G. Montgomery
Probate Judge

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF EXAMINATION
[R.C. 5991.93(C)(1)]

I, _____, Petitioner, filed in this Court a Petition on
_____ alleging that _____, Respondent,
is a person in need of alcohol and/or 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 alcohol and/or substance abuse treatment.

Petitioner's Signature

Typed or Printed Name

Sworn to and subscribed before me a Deputy Clerk/Bailiff of the Probate Court on this _____ day of
_____, 20 _____.

Deputy Clerk/Bailiff

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

STATEMENT OF TREATMENT

[R.C. 5991.93(C)(2)]

_____ hereby agrees to provide
Treatment Provider
the appropriate treatment for _____
Respondent

Name of Treatment Provider: _____

Address: _____

City, State and Zip: _____

Name of Contact Person: _____

Phone Number: _____ Fax Number: _____

Estimated Time for Treatment: _____ Estimated Cost of Treatment: _____

Signature of Authorized Agent at Treatment Provider

Date

Typed or Printed Name

CASE NO. _____

Physician's Signature

Typed or Printed Name and Title

Phone

Physician License Number

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

NOTICE OF HEARING ON PETITION

[R.C. 5991.94(B)(2)]

TO: _____

You are hereby notified that a Hearing is set on the Petition filed in this Court alleging that _____ is a person in need of involuntary treatment for alcohol or other drug abuse.

The Hearing is scheduled for _____ at _____ o'clock _____.M.,
at Franklin County Probate Court, _____.

Attached is a copy of the Petition.

Signature Page Attached

Robert G. Montgomery
Probate Judge

CASE NO. _____

Physician's Signature

Typed or Printed Name and Title

Phone

Physician License Number

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

NOTICE TO RESPONDENT AND
ORDER TO APPEAR FOR EXAMINATIONS AND HEARING

[R.C. 5119.94(B)(3)(4) AND (5)]

TO: _____

You are hereby notified that on _____, _____
filed in this Court a Petition alleging that _____ is a person in need of
involuntary treatment for alcohol and/or other drug abuse by Court Order. The Petition is set for a Hearing before
this Court at:

Place: Franklin County Probate Court, _____.

Date: _____ Time: _____

_____ is to be examined by a Physician for the Purpose of a physical
examination and by a Qualified Health Professional for the purpose of a drug and alcohol addiction assessment
and diagnosis no later that 24 hours before the Hearing. These examinations will be held at:

Place: _____

Date: _____ Time: _____

You are hereby ordered to appear at both the Court hearing and the examinations.

You are hereby notified that you have the following rights:

- You may retain counsel. If you are indigent, you may be represented by Court appointed counsel upon request.
- You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.

Attached is a copy of the Petition.

Signature Page Attached

Robert G. Montgomery
Probate Judge

RETURN OF SERVICE

I delivered an original Notice to Respondent and Order to Appear for Examinations and Hearing and a copy of the Petition personally to the above named Respondent.

Process Server

Date Served

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

**NOTICE TO RESPONDENT AND
EMERGENCY ORDER TO REPORT TO HOSPITAL**
[R.C. 5119.95]

TO: _____

You are hereby notified that on _____, _____
filed in this Court a Petition alleging that _____ is a person in need of
involuntary treatment alcohol and/or other drug abuse by Court Order.

The Court has received a certification from a qualified health professional that _____
suffers from alcohol and other drug abuse and presents and imminent danger or imminent threat of danger to self,
family, or others as a result of alcohol and other drug abuse.

By clear and convincing evidence, the Court finds that _____ presents
an imminent danger or threat of danger to self, family, or others as a result of alcohol and other drug abuse and
hereby orders that _____ be hospitalized immediately at the following
hospital: _____

Address: _____

_____ is to be held at the hospital until:

Date: _____, Time: _____, or

The time of the Hearing.

The Petition is set for Hearing before this Court at:

Place: Franklin County Probate Court, _____.

Date: _____ Time: _____

You are hereby notified that you have the following rights:

- You may retain counsel. If you are indigent, you may be represented by Court appointed counsel upon request.
- You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.
- Upon reporting to the hospital, you may make a reasonable number of phone calls or use other reasonable means to contact an attorney, a licensed physician, or a qualified health professional, or to contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance. You will be provided with assistance in making calls if the assistance is needed or requested.

Attached is a copy of the Petition and the Certification by the qualified health professional.

Signature Page Attached

Robert G. Montgomery

Probate Judge

RETURN OF SERVICE

I delivered an original Notice to Respondent and Emergency Order to Report to Hospital and a copy of the Petition personally to the above named Respondent.

Process Server

Date Served

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

RESPONDENT'S RIGHTS

[R.C. 5119.95]

You are hereby notified that on _____, a petition was filed in Franklin County, Ohio, Court of Common Pleas, Probate Division, alleging that you:

- **Suffer from alcohol and other drug abuse.**
- **Present an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and**
- **Can reasonably benefit from treatment.**

You have the right to:

- **Be notified and be present at the hearing** to determine whether or not you are in need of involuntary treatment for alcohol and other drug abuse by court order.
- **Retain a Physician** for the purpose of a physical examination and a qualified health professional for the purpose of a drug and alcohol assessment at your own expense.
- **Retain Counsel** if you are unable to afford an attorney, you will be represented by court appointed counsel.
- **Make immediately a reasonable number of telephone calls** or use other means to contact an attorney, physician, or a qualified health professional, or to contact some person or persons to secure representation by counsel if you are hospitalized pending the hearing.

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

AFFIDAVIT OF INDIGENCY

_____, Respondent, being first duly cautioned and sworn, states the following facts are true:

My Current address is: _____

I have lived at this address for: _____

My current monthly income is: _____

My monthly source of income is: _____

My monthly expenses are: _____

I am responsible for the care of _____ persons.

I own the following:

Real Estate\$ _____

Bank Accounts\$ _____

Automobile(s).....\$ _____

Other (stocks, bonds, IRA, etc.)...\$ _____

Total of Assets\$ _____

Affiant, Respondent

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____, 20 _____.

Notary Public/Deputy Clerk

ENTRY

Upon consideration of the Affidavit of Indigency, the Court finds the respondent is indigent and orders the appointment of Court Appointed Counsel.

Signature Page Attached

Robert G. Montgomery
Probate Judge

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE INTEREST OF _____

CASE NO. _____

ENTRY APPOINTING COUNSEL

The Court finding that the Respondent is indigent, the Court, under R.C.5119.94(B)(3), appoints
_____, Attorney at Law.

Address: _____

City, State, Zip Code: _____

Phone No.: _____

In the event that the above captioned person is not indigent, the Court shall assess costs to said person.

Signature Page Attached

Robert G. Montgomery

Probate Judge