

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**JEFFREY D. MACKEY, 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**  
**JEFFREY D. MACKEY, 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**  
**JEFFREY D. MACKEY, 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**  
**JEFFREY D. MACKEY, 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: \_\_\_\_\_

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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**  
**JEFFREY D. MACKEY, 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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge

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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge



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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
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**  
**JEFFREY D. MACKEY, 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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge

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

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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge

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

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**Jeffrey D. Mackey**  
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.

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Process Server

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Date Served



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

**Jeffrey D. Mackey**

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**  
**JEFFREY D. MACKEY, 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**  
**JEFFREY D. MACKEY, 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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge

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

\_\_\_\_\_  
**Jeffrey D. Mackey**  
Probate Judge