

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

IN THE MATTER OF _____ RESPONDENT
CASE NO. **M**_____

Respondent currently located at:

NOTICE TO RESPONDENT
FORCED PSYCHOTROPIC MEDICATION

You are hereby notified that on the _____ day of _____, 20____, _____ employed at _____, filed in this

Court an Application for Forced Psychotropic Medication, alleging that you are mentally ill subject to court order, and unable to understand information that would enable you to give a fully informed, intelligent and knowing consent to the above named procedure.

This Application will be set for hearing before this Court at:

PLACE: Twin Valley Behavioral Healthcare, 2200 W. Broad St., Columbus, Ohio 43223

DATE: _____ TIME: 9:00 A.M.

You may retain counsel. If you are unable to obtain an attorney, you will be represented by court appointed counsel. You may have an independent expert evaluation at state expense. Consult with your attorney on the need for an independent expert evaluation.

_____ has been appointed to represent you at this hearing.

Phone: _____ **Address:** _____

Witness my signature and seal of said Court on this _____ day of _____, 20_____.

Robert G. Montgomery, Judge

By: _____ Signature Page Attached
Deputy Clerk