

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
FULL AND FORCED PSYCHOTROPIC
MEDICATION

You are hereby notified that on the _____ day of _____, 20 _____,

_____ employed at

_____, filed in this

Court an Affidavit of Mental Illness and 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 Affidavit and 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