

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF \_\_\_\_\_, AN ADULT

CASE NO. \_\_\_\_\_

**NOTICE OF PETITION FOR COURT ORDERED PROTECTIVE SERVICES**  
[R.C. 5101.66]

TO: \_\_\_\_\_  
Name and Address of Adult Incapacitated Person

Name	Address	Relationship of Adult
------	---------	-----------------------

\_\_\_\_\_  
Adult, Guardian, Legal Counsel, Caretaker, Spouse, if any, and if none of these to the Adult's Children or Next of Kin

You are hereby notified that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, the \_\_\_\_\_ County Department of Job and Family Services filed in this Court a Petition for Court Ordered Protective Services for the above named Adult for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_.

This Petition for Court Ordered Protective Services shall be heard in the \_\_\_\_\_ County Probate Court, \_\_\_\_\_, Ohio located at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.M.

The Adult has the right to legal counsel and if indigent, legal counsel will be appointed if requested.

Witness my signature and the seal of the Court  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**WAIVER OF NOTICE**

We, the undersigned, whose relationship to the Adult is indicated, enter our appearance and waive notice and consent to the hearing.

Name	Relationship to the Adult
_____	_____
_____	_____
_____	_____

CASE NO. \_\_\_\_\_

State of Ohio, \_\_\_\_\_ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_, Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**RETURN**

\_\_\_\_\_ County, Ohio

\_\_\_\_\_

Received this notice on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.M., and on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the same by delivering a true copy thereof personally to \_\_\_\_\_

\_\_\_\_\_

_____	
FEES	
_____	
Service and return, 1 <sup>st</sup> name, \$	_____
Additional names, at \$	_____
Miles traveled, at \$	_____
	\$ _____
Total	\$ _____

\_\_\_\_\_ Sheriff

\_\_\_\_\_ Deputy Sheriff/Process Server

\_\_\_\_\_ Name

\_\_\_\_\_ Title