

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

\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

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

**STATEMENT OF TREATMENT**

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

\_\_\_\_\_ hereby agrees to provide the  
Name of Treatment Provider

appropriate treatment for \_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City, State, & Zip Code)

\_\_\_\_\_  
Name of Contact Person at Treatment Provider

\_\_\_\_\_  
Telephone Number for Treatment Provider

\_\_\_\_\_  
Fax Number for Treatment Provider

\_\_\_\_\_  
Estimated Time for Treatment

\_\_\_\_\_  
Estimated Cost of Treatment

\_\_\_\_\_  
Signature of Authorizing Agent at Treatment Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Agent at Treatment Provider