PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE

[R.C. 5119.93]

RESPONDENT'S Residence Address: _____

RESPONDENT'S Current Location (if different): _____

PETITIONER: _____

PETITIONER'S Address: _____

States that he/she is:

☐ Spouse; ☐ Relative _____ ☐ Guardian of the above named Respondent

PETITIONER further states that the name, address, and residence of person related to the Respondent are (if known)

Parents or guardian: _____
Name and complete address

Spouse: _____
Name and complete address

Person having custody of Respondent: _____
Name and complete address

Nearest Relative: _____
Name and complete address

Friend: _____
Name and complete address

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)

_____

_____

_____

Check one:

☐ Certificate of Physician is attached.
OR
☐ Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by:

1.) A security deposit in the amount of $_____.
2.) Guarantee of Payment form.

_____ _____
Signature of Attorney Signature of Petitioner

_____ _____
Name of Attorney (Please Print) Name of Petitioner (Please Print)

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

_____
Your Signature

VERIFICATION OF TREATMENT BY PETITIONER

*****A statement from Facility MUST accompany this petition*****

_____, the petitioner, has arranged for the treatment of
Name of Petitioner

_____ to be facilitated by:
Name of Respondent

_____
Name of Treatment Provider

_____
Full Address of Treatment Provider (Street, City, State, Zip Code)

CASE NO. _____

GUARANTEE OF PAYMENT

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

Pursuant to R.C. 5119.93(D)(2), either the Petitioner or other authorized person (spouse, relative or guardian) shall guarantee any and all costs and fees for examinations, hearing cost and treatment for the Respondent for alcohol and other drug abuse as may be herein after 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

_____

Name (Please Print)

_____

Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)

_____

Complete Billing Address

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

_____

Your Signature