

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

STATEMENT OF REFUSAL OF EXAMINATION

[R.C. 5119.93(C)(1)]

I, _____, Petitioner, filed in this Court a
Petition on _____ alleging that _____,
Respondent, is a person in need of substance abuse treatment by Court Order.

Respondent has refused all requests made by me, the Petitioner, to undergo a
physician's examination concerning the possible need for substance abuse treatment.

Petitioner's Printed Name

Petitioner's Signature

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