





**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**APPLICATION FOR RELEASE OF DECEDENT'S MEDICAL RECORDS  
AND MEDICAL BILLING RECORDS**

[R.C. 2113.032]

Applicant states that decedent died on \_\_\_\_\_

Decedent's domicile was \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Village, or Township (if unincorporated area) County

\_\_\_\_\_  
Post Office State Zip Code

The decedent's surviving spouse, next of kin, legatees, and devisees known to applicant are listed on attached Form 1.0 ("estate form").

**[Check all that apply]**

Applicant is nominated as executor in decedent's Will.

Applicant is a resident of the state of Ohio who is eligible to be appointed administrator of decedent's estate as  the surviving spouse of decedent;  other next of kin of the decedent; or  another person suitable to be appointed administrator.

Applicant requests an entry authorizing the release of the decedent's medical records and medical billing records for the limited purpose of evaluating a potential wrongful death claim or a personal injury and survivorship action on behalf of decedent.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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City, State, Zip

\_\_\_\_\_  
Telephone

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Telephone

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**ENTRY DISPENSING WITH SETTING A HEARING  
ON APPLICATION FOR RELEASE OF DECEDENT'S  
MEDICAL RECORDS AND MEDICAL BILLING RECORDS**

The Court orders that the setting of a hearing be dispensed with in this matter.

\_\_\_\_\_  
Ralph Winkler, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**ENTRY SETTING HEARING**

The Application for Release of Medical Records and Medical Billing Records for the limited purposes of determining whether to file a wrongful death, personal injury and/or survival claim filed by \_\_\_\_\_, by and through counsel, is hereby set for hearing on \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ M. before Magistrate/Judge \_\_\_\_\_, Hamilton County Probate Court, Room \_\_\_\_\_, 10th Floor, 230 E. Ninth Street, Cincinnati, Ohio 45202. The Court orders that notice of the hearing be given, by certified mail, to all persons listed on S.P.F. 1.0 filed herein, who have not waived notice.

\_\_\_\_\_  
Ralph Winkler, Probate Judge

\_\_\_\_\_  
Attorney

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**NOTICE TO SURVIVING SPOUSE, NEXT OF KIN,  
LEGATEES AND DEVISEES  
OF APPLICATION FOR RELEASE OF MEDICAL RECORDS  
AND MEDICAL BILLING RECORDS**

[R.C. 2112.032]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that on \_\_\_\_\_, \_\_\_\_\_  
filed in this Court an Application for Release of Medical and Billing Records for use in evaluating a  
potential wrongful death suit/personal injury suit/survivorship action.

Unless objections are filed no later than 10 days from the date of this notice, the court will issue an  
Order that directs all medical providers that provided medical care or treatment to the decedent to  
release those medical records and medical bills to the applicant for the limited purposes of deciding  
whether or not to file a wrongful death, personal injury or survivorship action.

As next of kin of the decedent, you are entitled to notice of the application to release Medical Records  
and Medical Billing Records. If objections are not filed within 10 days of the date of this notice, the  
Court may issue an order to release the medical records and medical billing records.

Attached is a copy of the Petition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Magistrate

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**WAIVER OF NOTICE OF APPLICATION FOR RELEASE  
OF DECEDENT'S MEDICAL RECORDS  
AND MEDICAL BILLING RECORDS**

The undersigned, being persons entitled to notice of the Application for Release of Decedent's Medical Records filed by \_\_\_\_\_ pursuant to R.C. 2113.032, hereby waive such notice and consent to the release of the medical records and medical billing records of the above named decedent to the applicant for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of decedent.

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**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**ENTRY REGARDING RELEASE OF DECEDENT'S MEDICAL RECORDS**

[R.C. 2113.032]

This matter comes before the court upon the Application for Release of Decedent's Medical Records filed on \_\_\_\_\_.

Decedent died a resident of Hamilton County, Ohio, on \_\_\_\_\_.

Decedent's known surviving spouse, next of kin, legatees, and devisees who did not waive notice were sent a copy of the application on \_\_\_\_\_.

At least ten days have elapsed since the probate court transmitted a copy of the application to those persons listed on the S.P.F 1.0.

Upon review, the Application is:

**DENIED.** It is therefore ORDERED that this matter be terminated and the file closed without prejudice.

**GRANTED.**

All providers that provided medical care or treatment to decedent are hereby ORDERED to release decedent's medical records and medical billing records directly to \_\_\_\_\_ for the limited purpose of deciding whether to file a wrongful death, personal injury, or survivorship action. The medical records and medical billing records are confidential and shall not be made available for public viewing unless otherwise provided for by law or by subsequent court order.

Further, upon obtaining the requested applicable records and before the expiration of the applicable statute of limitations, \_\_\_\_\_ is ORDERED to file a report with the court certifying that all requested medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ralph Winkler, Probate Judge



**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, JUDGE**

ESTATE OF \_\_\_\_\_, DECEASED

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

**REPORT OF APPLICANT SEEKING RELEASE OF DECEDENT'S  
MEDICAL RECORDS**

[R.C. 2113.032]

The undersigned applicant hereby certifies that all requested medical records and medical billing records regarding decedent have been received, and an administration of the decedent's estate:

- Will be filed
- Will not be filed.

\_\_\_\_\_  
Applicant

**JOURNAL ENTRY**

This Report is hereby accepted and filed.

It is ORDERED that:

- This matter be terminated and the file closed, without prejudice.
- This matter remains open for an administration of the decedent's estate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ralph Winkler, Probate Judge