

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

ESTATE OF _____, DECEASED

CASE NO. _____

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
LEGATEES AND DEVISEES**

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the
information in this form, for notice or other purposes. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are the decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

The following are the vested beneficiaries named in the decedent's will.

Name	Residence Address	Birthdate of Minor

[Check whichever of the following is applicable]

- This will contains a charitable trust or a bequest or devisee to a charitable trust, subject to R.C. 109.23 and 109.41.
- The will is not subject to R.C. 109.23 and 109.41 relating to charitable trusts.

_____ Date

Applicant (or give other title)

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

ESTATE OF _____, DECEASED

CASE NO. _____

**APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____ the _____ of the
(Applicant's Name)(Relationship)
above named decedent who died on _____ and resided at _____,
_____, whose last four (4) digits of his/her social security number are
_____, and hereby requests authority to obtain information regarding decedent's medical
records and medical billing records for the purpose of evaluating a potential wrongful death,
personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

- Applicant is an individual who is eligible to be appointed as a personal representative of the above-named decedent's estate under Ohio law; or
- Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Attorney's Signature

Typed or Printed Name

Address

City, State, Zip Code

Phone Number

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City, State, Zip Code

Phone Number

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

ESTATE OF _____, DECEASED

CASE NO. _____

**ENTRY AUTHORIZING RELEASE OF MEDICAL RECORDS AND
MEDICAL BILLING RECORDS
[R.C. 2113.032]**

For good cause shown, all medical providers that provided medical care or treatment to the above-named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not 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 subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

Ralph Winkler, Probate Judge

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

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

- An application to administer decedent's estate will not be filed.

- An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

City, State, Zip Code

Phone Number

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

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS
AND MEDICAL BILLING RECORDS
[R.C. 2113.032]**

To the following persons:

Name

Address

Name

Address

Name

Address

Name

Address

Name

Address

_____ has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the Hamilton County Probate Court, located at 230 E. Ninth St. Cincinnati, Ohio 45202 on the _____ day of _____, _____ at _____ o'clock ___ M. in Room _____.

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

ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER OF NOTICE / CONSENT
[R.C. 2113.032]**

Application of _____ for release of medical records and medical billing records of the above-named decedent.

The undersigned, being the next of kin of the above-named decedent, hereby waive notice and consent to the release of medical records and medical billing records of the above-named decedent.

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**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 the ____ day of _____, _____, at _____ o'clock ____M in Room _____, before Magistrate/Judge _____, Hamilton County Probate Court, ____th 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. _____

**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