

**PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, 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: _____

PETITIONER'S Phone Number: _____

PETITIONER'S E-mail 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

Near Relative: _____
Name and complete address

Other: _____
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). If the Petitioner believes the Respondent is suffering from opioid or opiate abuse, the Petitioner shall state whether the Respondent has overdosed and been revived by an opioid antagonist or whether the Respondent has overdosed in a vehicle or in the presence of a minor.

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PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family or others 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)

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public

VERIFICATION OF TREATMENT BY PETITIONER

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

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

Name of Respondent to be facilitated by:

Name of Treatment Provider

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

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GUARANTEE OF PAYMENT
(R.C. 5119.93(D)(2))

Pursuant to O.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

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public