

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

IN THE INTEREST OF \_\_\_\_\_

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

**NOTICE TO RESPONDENT AND EMERGENCY ORDER  
TO REPORT TO HOSPITAL  
(R.C. 5119.95)**

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

You are hereby notified that on \_\_\_\_\_, \_\_\_\_\_  
filed in this Court a Petition alleging that \_\_\_\_\_ is a person in  
need of involuntary treatment for alcohol and/or other drug abuse by Court Order.

The Court has received a certification from a qualified health professional that  
\_\_\_\_\_ suffers from alcohol and/or other drug abuse and  
presents an imminent danger or imminent threat of danger to self, family, or others as a result of  
alcohol and other drug abuse.

By clear and convincing evidence, the Court finds that \_\_\_\_\_  
presents an imminent danger or threat of danger to self, family, or others as a result of alcohol and  
other drug abuse and hereby orders that \_\_\_\_\_ be hospitalized  
immediately at the following hospital:

Place: \_\_\_\_\_,  
\_\_\_\_\_ is to be held at the hospital until:

Date: \_\_\_\_\_ Time: \_\_\_\_\_, unless the Respondent voluntarily agrees to  
remain longer.

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

The Petition is set for a Hearing before this Court at:

Hamilton County Probate Court, 230 E. 9th St., Cincinnati, Ohio 45202,

Date: \_\_\_\_\_ Time: \_\_\_\_\_

You are hereby notified that you have the following rights:

- You may retain counsel. If you are indigent, you may be represented by Court-appointed counsel upon request.
- You have the right to obtain an independent expert evaluation of your physical and mental condition at your own expense.
- Upon reporting to the hospital, you make a responsible number of phone calls or use other reasonable means to:

contact an attorney, a licensed physician, or a qualified health professional,

contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance.

You will also be provided with assistance in making calls if the assistance is needed or requested.

Attached is a copy of the Petition and the Certification by the qualified health professional.

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

RETURN OF SERVICE

I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named Respondent.

\_\_\_\_\_  
Process Server

\_\_\_\_\_  
Date Served