

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

IN THE INTEREST OF: _____

CASE NO. _____

**STATEMENT OF TREATMENT
(R.C. 5119.93(C)(2))**

_____ hereby agrees to provide the
Name of Treatment Provider
appropriate treatment for _____.
Name of Respondent

Name of Treatment Provider

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

Name of Contact Person at Treatment Provider

Telephone Number for Treatment Provider Fax Number for Treatment Provider

Estimated Time for Treatment Provider Estimated Cost of Treatment

Signature of Authorizing Agent at Treatment Provider Date

Printed Name of Authorizing Agent at Treatment Provider