

**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