

INSTRUCTIONS FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND DRUG ABUSE [R.C. 5119.90-5119.98]

THE EMPLOYEES OF PROBATE COURT ARE UNABLE TO PROVIDE ASSISTANCE FILLING OUT FORMS

These instructions are intended as a **guideline only** and should not be relied upon as a comprehensive list of duties for involuntary treatment for alcohol and drug abuse.

The respondent (individual requiring drug or alcohol treatment) must be a resident of Hamilton County.

The Applicant must be a relative, spouse, or guardian of the Respondent.

There must be a facility willing to treat the respondent upon an order from the Court.

No filing fee is required for filing the case in the Probate Court.

If the facility is going to require payment to treat the respondent, the Applicant must deposit with the Court one-half of the required payment. If the facility is accepting the respondent's insurance and no fee is required, the facility will state that on their form.

The forms may be obtained from the Issue Desk on the 9th floor of the Probate Court, 230 E. 9th Street, Cincinnati, Ohio or by downloading the forms from the web site.

COMPLETE THE FOLLOWING FORMS
Petition for Involuntary Treatment for Alcohol and Other Drug Abuse (Form 26.0). The petitioner must complete all the information being requested and the applicant will have their signature notarized by a notary or the deputy clerk of the Probate Court.
Certificate of Physician (Form 26.1) is completed if a physician has assessed the respondent within 72 hours of filing the petition. This form is not required to file the petition.
Affidavit of Refusal of Examination (Form 26.2) is filed when the respondent refused to undergo the physician's examination and Form 26.1 cannot be filed.
Statement of Treatment (Form 26.3) is completed by the facility willing to treat the respondent on a court order and the form should state the fee charged for treatment and the length of time required by the facility for treatment.
Notice of Hearing on Petition (Form 26.4) is completed by the applicant and the hearing date will be completed by the magistrate.
Notice to Respondent and Order to Appear for Examinations and Hearing (Form 26.5). This notice is sent to the respondent via sheriff's department, process server, or mailed by the Court.
Respondent Rights (Form 26.7) is sent to the respondent. Enter the date the petition was filed.
Probable Cause Hearing Decision and Entry (Form 26.10) is signed by the magistrate if there is enough testimony to find treatment is necessary at the probable cause hearing. The magistrate will then set a full hearing.
Entry Setting Hearing and Ordering Notice (Form 26.11) The magistrate will select a date for the full hearing. Notice of the hearing is sent to the respondent.

Notice to Respondent and Emergency Order to Report to Hospital (Form 26.6) This form will be used if the Court determines that the respondent needs emergency treatment in the hospital prior to the full hearing. This form will be served upon the respondent.

Summons to Respondent to Present Themselves to a Qualified Health Professional for the purposes of a Drug and Alcohol Addiction Assessment and Diagnosis (Form 26.12) is completed with the location of where the Respondent is required to appear for an assessment and a date and/or time if known. This form is sent to the Respondent. The assessment must be completed no less than 24 hours before the hearing.

Order to Transport (Form 26.13) is given to the party who will transport the respondent to the hospital for emergency treatment. This form is issued if Form 26.6 is issued.

Order to Provider to Perform a Drug and Alcohol Addiction Assessment and Diagnosis (Form 26.15) this form is given to the person doing the assessment for drug and alcohol treatment.

Order (Form 26.14) This is signed by the magistrate at the hearing if the treatment is deemed necessary.

PROBABLE CAUSE HEARING

The paperwork is completed by the applicant and then assigned to a magistrate. The magistrate will hear evidence and after full and careful consideration thereof, the Court will determine if there is or is not to probable cause that the respondent can reasonably benefit from treatment. If the magistrate finds probable cause, the case is set for a full hearing to determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment for alcohol and/or other drug abuse. Written notice of said hearing shall be given by mail to all persons entitled to notice. The full hearing (if ordered) is set out at least 7 days for mail service. One half of the treatment fees, if any are paid and the documents are filed with the cashier. There are no court filing costs. The Court will make copies of documents and mail to respondent, deliver to sheriff for service, or to the process server that has been appointed. If no probable cause is found, the case will be dismissed.

FULL HEARING

The Respondent is required to appear. The assessment from the Qualified Health Professional must be presented by the hearing time. All proof of notice, if required are to be filed by the hearing. Based upon the testimony and the assessment by the qualified health professional, the magistrate will determine if the respondent would benefit from treatment for drugs and alcohol abuse. If approved the magistrate will order that the respondent report to the facility for treatment. It is the responsibility of the applicant to transport the respondent to the facility. The Court does not have the resources to provide transportation. If it is determined that treatment is not necessary or needed, then the case would be dismissed. Both parties have the right to object to the decision of the magistrate. These objections are heard by the Probate Court Judge.

**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.

CASE NO. _____

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)

CASE NO. _____

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

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

IN THE INTEREST OF _____

CASE NO. _____

**CERTIFICATE OF PHYSICIAN
(R.C. 5119.92 and 5119.93(C)(1))**

Affiant states that he/she is a Physician as defined in Chapter 4731 of the Ohio Revised Code.

Affiant states that he/she examined the above named Respondent on _____
and based on that examination, in his/her professional opinion, the Respondent:

- does does not suffer from alcohol and/or drug abuse
- does does not present an imminent danger or imminent threat of danger to self, family,
or others if not treated
- does does not present a substantial likelihood of such a threat in the near future; and
- can cannot reasonably benefit from treatment

The facts that support Affiant's belief that Respondent does suffer from alcohol and/or drug abuse
and the need for treatment:

Type of Treatment: Inpatient Outpatient

Length of Treatment: _____

CASE NO. _____

Affiant further certifies that he/she knows that the following treatment facilities are willing and able to provide the recommended treatment:

Name of Treatment Provider

Telephone Number of Treatment Provider

Name of Treatment Provider

Telephone Number of Treatment Provider

Name of Treatment Provider

Telephone Number of Treatment Provider

Physician's Signature

Name and Title of Physician (Please Print)

Telephone Number of Physician

License Number of Physician

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

IN THE INTEREST OF _____

CASE NO. _____

**AFFIDAVIT OF REFUSAL OF EXAMINATION
(R.C. 5119.93(C)(1))**

I, _____, Petitioner, filed in this Court a
Petition on _____ alleging that _____,
Respondent, is a person in need of substance abuse treatment by Court Order.

Respondent has refused all requests made by me, the Petitioner, to undergo a physician's
examination concerning the possible need for substance abuse treatment.

Petitioner's Printed Name

Petitioner's Signature

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

Notary Public

**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

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

IN THE INTEREST OF _____

CASE NO. _____

PROBABLE CAUSE HEARING DECISION AND ENTRY

On _____, this cause came on to be heard upon evidence presented in the Petition that was filed on _____ by _____.

The Court finds that the Petitioner was examined under oath as to the contents of the Petition.

The Court proceeded to hear the evidence and after full and careful consideration thereof the Court finds that there is sufficient evidence to establish by probable cause that the respondent:

- suffers from alcohol and other drug abuse;**
- presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and**
- can reasonably benefit from treatment.**

IT IS ORDERED that a Full Hearing is to be held on the _____ day of _____, _____ at _____ o'clock ____M. in Room _____, at the Hamilton County Probate Court, 230 E. 9th Street, Cincinnati, Ohio 45202, to determine if there is clear and convincing evidence that the respondent may reasonably benefit from treatment for alcohol and other drug abuse.

Written notice of said hearing shall be given by mail or otherwise to all persons entitled to notice.

Judge/Magistrate

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

IN THE INTEREST OF _____

CASE NO. _____

**NOTICE OF HEARING ON PETITION
(R.C. 5119.94(B)(2))**

To: _____

You are hereby notified that a Hearing is set on the Petition filed in this Court alleging that _____ is a person in need of involuntary treatment for alcohol or other drug abuse.

The Hearing is scheduled for the _____ day of _____, _____ at _____ o'clock _____.M. in Room _____ at the Hamilton County Probate Court, 230 E. 9th Street, Cincinnati Ohio 45202.

Attached is a copy of the Petition.

Ralph Winkler, Probate Judge

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

IN THE INTEREST OF _____

CASE NO. _____

**NOTICE TO RESPONDENT AND
ORDER TO APPEAR FOR EXAMINATIONS AND HEARING
(R.C. 5119.94(B)(3)(4) and (5))**

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 Petition
is set for a Hearing before this Court at:

Place: Hamilton County Probate Court, 230 E. 9th Street, Cincinnati, OH 45202,

Date: _____ Time: _____

_____ is to be examined by a Qualified Health
Professional for the purpose of a drug and alcohol addiction assessment and diagnosis no later
than 24 hours before the Hearing. This examination will be held at:

Place: _____,

Date: _____ Time: _____

You are hereby ordered to appear at both the Court hearing and the examination.

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.

CASE NO. _____

- You have the right to obtain a physician for the purpose of a physical examination and a qualified health professional for the purpose of a drug and alcohol addiction assessment at your own expense.

Attached is a copy of the Petition.

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

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

IN THE INTEREST OF _____

CASE NO. _____

**RESPONDENT'S RIGHTS
(R.C. 5119.95)**

1. You are hereby notified that on _____, a petition was filed in the Hamilton County, Ohio, Court of Common Pleas, Probate Division, alleging that you:
 - **suffer from alcohol and other drug abuse;**
 - **present an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and**
 - **can reasonably benefit from treatment.**

2. You have the right to:
 1. BE NOTIFIED AND BE PRESENT AT HEARING to determine whether or not you are in need of involuntary treatment for alcohol and other drug abuse by Court order.
 2. RETAIN a Qualified Health Professional for the purpose of a drug and alcohol assessment at your own expense.
 3. RETAIN COUNSEL if you are unable to afford an attorney, you will be represented by Court-appointed counsel.
 4. Make immediately a REASONABLE NUMBER of telephone calls or use other means to contact an attorney, a qualified health professional, or to contact some other person or persons to secure representation by counsel if you are hospitalized pending the hearing.

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

IN THE INTEREST OF _____

CASE NO. _____

ENTRY SETTING HEARING AND ORDERING NOTICE

On _____ a Petition alleging _____
to be in need of involuntary treatment for alcohol and other drug abuse by Court Order, was filed in
this Court by _____.

A Probable Cause Hearing was held on _____ and the Court found that
there is probable cause to believe that the Respondent may reasonably benefit from involuntary
treatment of alcohol and other drug abuse.

Therefore, it is ORDERED that a Hearing on the Petition will be heard before this Court on the
_____ day of _____, _____ at _____ o'clock _____.M., in Room _____ at the Hamilton
County Probate Court, William Howard Taft Law Center, 230 East 9th St., Cincinnati, Ohio 45202,
and that written notice of said hearing shall be given by mail or otherwise to all persons entitled to
notice who have not waived notice.

Ralph Winkler, Probate Judge

**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

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

IN THE MATTER OF _____

CASE NO. _____

**SUMMONS TO RESPONDENT TO PRESENT THEMSELVES TO A QUALIFIED
HEALTH PROFESSIONAL FOR THE PURPOSES OF A DRUG AND ALCOHOL
ADDICTION ASSESSMENT AND DIAGNOSIS
(R.C. 51196.96)**

TO: _____

Respondent

You are hereby notified that a Petition for Involuntary Treatment for Alcohol and Other Drug Abuse has been filed with this court. You were identified in the Petition as a person suffering from alcohol and/or other drug abuse. It has been alleged in the Petition that you present an imminent danger or threat of danger to yourself and/or others.

You are further notified that the court has conducted a probable cause hearing and has determined that there exists sufficient evidence to establish by probable cause that you suffer from alcohol and/or other drug abuse and that you would reasonably benefit from treatment. The court has issued an order which directed you to appear before a qualified health professional for the purposes of a drug and/or alcohol addiction assessment and diagnosis.

You have failed to attend the examination by a qualified health professional.

Pursuant to R.C. 5119.96, you are hereby commanded to appear at:

to obtain a:

() Drug and/or alcohol addiction assessment and diagnosis

If you fail to appear, the court may issue an order to convey to the Hamilton County Sheriff to transport you to the hospital for treatment.

Ralph Winkler, Judge
Court of Common Pleas, Probate Division

By _____
Deputy Clerk/Magistrate

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

IN THE INTEREST OF: _____

CASE NO. _____

ORDER TO TRANSPORT

To _____ of _____ County, Ohio.

All the proceedings prescribed by law mandate that _____,
the respondent be admitted to the _____,
therefore, you are commanded forthwith to transport the respondent to the
_____. After executing this order you will
make due return thereof to this office.

WITNESS my signature and the seal of said Probate Court at 230 E. 9th St., Cincinnati,
Ohio 45202, this _____ day of _____, _____.

Ralph Winkler, Probate Judge

By: _____
Deputy Clerk

RETURN

Received this Order to Transport this day, and I executed the same by transporting the
person to the place designated.

Sheriff/Person Appointed/Police Officer

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

IN THE INTEREST OF _____

CASE NO. _____

ORDER

On _____, this cause came on to be heard upon evidence presented.

The Court finds from the evidence that the Respondent, was served with notice of this hearing on _____ and that other parties entitled to notice have been served.

The Court finds that the Respondent is a resident of _____ County, Ohio.

The Court proceeded to hear the evidence and by clear and convincing thereof, the Court finds that the Respondent:

- suffers from alcohol and/or other drug abuse;
- presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and drug abuse, or there exists a substantial likelihood of such a threat in the near future; and
- can reasonably benefit from treatment.

Based upon the recommendation of the treating Qualified Health Professional, the Court finds that IN / OUT patient treatment is consistent with the treatment goals.

Therefore, the Court orders that _____, Respondent, attend treatment at _____ for a period not to exceed _____, from the date of this decision.

It is ordered that the Respondent shall receive after care at _____ for a period of at least three months and not more than six months.

It is further ordered that the Respondent is or is not required to submit to periodic examinations by a Qualified Health Professional to determine if treatment remains necessary.

Failure of the Respondent to abide by this Court Order may be considered contempt of Court. The Court may issue a summon directed to the Respondent that demands that the Respondent appear at a time and place specified in the summons to undergo treatment. If the Respondent fails to appear at the specified place and time, the Court may issue an order to a peace officer to transport the Respondent to the place of treatment.

A party shall not assign as error on appeal the Court's adoption of any factual finding or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ.R. 53(D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ.R. 53(D)(3)(b).

Judge/Magistrate