

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

**PLEASE READ VERY CAREFULLY!!**

**\*\*\*The employees of Probate Court are unable to provide assistance filling out forms\*\*\***

**Everything on all pages must be filled out completely.**

- PLEASE TYPE OR WRITE LEGIBLY.
- The person who is filing the Petition, must put forth facts that someone is suffering from alcohol and/ or other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others if not treated for substance abuse. The Petition must be signed by the person who is filing the paperwork in front of a notary public.
- The Petitioner must request the Respondent to undergo a physician's examination. The certificate of physician must be filled out completely by a physician who has examined the person who is suffering from alcohol and other drug abuse within two (2) days prior to the day the petition is filed with the court. If the Respondent refuses to undergo the physician examination, the Petitioner shall submit the Affidavit of Refusal of Examination.
- The statement of treatment provider must be completed by the facility that is going to be providing the treatment.
- The person filing the paperwork is responsible for all fees; evaluation assessment costs; sheriff fees (if any apply); treatment costs as stated in the Ohio Revised Code.
- The person filing the paperwork must provide one of the following:
  1. A security deposit to be deposited with the Probate Court equal to at least half of the estimated cost of treatment of the respondent.
  2. Documentation establishing insurance coverage that will cover at least half of the estimated cost of treatment of the Respondent.
  3. Other evidence satisfactory to the Court establishing that the Petitioner or Respondent will be able to cover some of the estimated cost of treatment of the Respondent.
  4. The person filing the paperwork must sign a guarantee for the rest of the payment of treatment.

**ALL MONEY IS DUE AT THE TIME OF FILING OF THE PETITION.**

**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:

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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. 9<sup>th</sup> 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 9<sup>th</sup> 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 MATTER OF \_\_\_\_\_

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

**ORDER TO PROVIDER TO PERFORM A DRUG AND ALCOHOL ADDICTION  
ASSESSMENT AND DIAGNOSIS  
(R.C. 5119.94)**

TO: \_\_\_\_\_  
Provider

You are hereby notified that a Petition for Involuntary Treatment for Alcohol and Other Drug Abuse has been filed with this court. A Probable Cause Hearing was conducted. The Court found probable cause to determine that the Respondent suffers from alcohol and/or other drug abuse and could reasonably benefit from treatment.

A summons was issued to the Respondent that directed the Respondent to appear before a qualified health professional, who is properly credentialed or licensed under Ohio law, to conduct a drug and alcohol assessment and. The Respondent did not comply with the summons.

Pursuant to R.C. 5119.94 (D)(2)(C), the Court may order the sheriff or any peace officer to transport the Respondent to the Provider for the purposes of a drug and alcohol assessment and diagnosis. The Court has issued that order to the Hamilton County Sheriff and/or any Police Officer.

The provider to which the Respondent was delivered is hereby ordered to:

( ) have a qualified health professional complete a drug and alcohol assessment and diagnosis for the Respondent and reduce the findings of the assessment and diagnosis to writing;

( ) provide to the Court copies of the written drug and alcohol assessment and diagnosis to the Hamilton County Probate Court, 230 E. 9th Street, Cincinnati, Ohio 45202.

\_\_\_\_\_  
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**

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).

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Judge/Magistrate