PROBATE COURT OF HAMILTON COUNTY, OHIO
RALPH WINKLER, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

Now comes _____ the _____ of the
(Applicant's Name) (Relationship)
above named decedent who died on _____ and resided at _____, _____, whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

☐ Applicant is an individual who is eligible to be appointed as a personal representative of the above-named decedent's estate under Ohio law; or

☐ Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copyof decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

_____	_____
Attorney's Signature	Applicant's Signature
_____	_____
Typed or Printed Name	Typed or Printed Name
_____	_____
Address	Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Phone Number	Phone Number

Attorney Registration No. _____