

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 Information 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

Self-Representation Form (270.01)

- Sign and Complete information if you **do not** have legal representation

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 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 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, 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.