

CASE NO. _____

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

The undersigned represents a trial court or a prosecutor who, as described in division (B)(1)(a)(v)(I) of section 2945.38 of the Revised Code, is alleging that the above said person is a mentally ill person subject to court order:

Yes No (please specify with an X). If Yes, please specify the name and address of the trial court or prosecutor:

Name of Patient's Last Physician or Licensed Clinical Psychologist: _____

Address of Patient's Last Physician or Licensed Clinical Psychologist: _____

The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name	Kinship	Address
	Legal Guardian	
	Legal Guardian	
	Spouse	
	Adult Next of Kin	
	Adult Next of Kin	

The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this _____ day of _____, 20____

Signature of the Party Filing the Affidavit

Sworn to before me and signed in my presence on the day and year above dated.

Probate Judge

Deputy Clerk

WAIVER

I, the undersigned party filing the affidavit, hereby waive the issuing and service of notice of the hearing on said affidavit and voluntarily enter my appearance herein.

Dated this _____ day of _____, 20____

Signature of Party Filing Affidavit