

PROBATE COURT OF CLERMONT COUNTY, OHIO

JAMES A. SHRIVER, JUDGE

IN THE MATTER OF _____

CASE NO. _____

NOTICE TO RESPONDENT OF INITIAL HEARING

[R.C. 5122.12]

To: _____

You are hereby notified that on the ____ day of _____, 20____,
_____ on behalf of _____

filed an Affidavit of Mental Illness in the Probate Court. *See attached.*

- The Affidavit alleges that you are mentally ill and should be subject to hospitalization.
- The Affidavit alleges that you are mentally ill and should be required to complete outpatient treatment.

This application will be heard on the ____ day of _____, 20____
at _____ o'clock at _____.

You have the right to have an attorney represent you and to have an independent expert evaluation.

- Contact the Court at _____ if you wish for an attorney to be appointed for you.
- An attorney has already been appointed for you. Attorney _____ can be reached at _____.

WITNESS my signature this ____ day of _____, 20____.

Probate Judge

By: _____
Deputy Clerk