

**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 set forth facts that someone is suffering from alcohol and 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 certificate of physician must be filled out completely by a physician that 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.
- 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, court costs, evaluation assessment costs, sheriff fees (if any apply), hearing fees, and treatment costs as stated in the Ohio Revised Code.
- The person filing the paperwork must place a security deposit for 50% of the total amount of the cost of treatment with the court at the time of filing of the petition and petitioner must sign a guarantee for the rest of the payment of treatment.

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

**THERE WILL NOT BE ANY REFUNDS FOR THE INITIAL FILING COURT COSTS.**

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, 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: \_\_\_\_\_

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

Nearest Relative: \_\_\_\_\_  
Name and complete address

Friend: \_\_\_\_\_  
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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

PETITIONER also believes that the Respondent presents an imminent danger or imminent threat of danger to self, family, or others if not treated 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 \_\_\_\_\_ of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

**VERIFICATION OF TREATMENT BY PETITIONER**

**\*\*\*A statement from Facility MUST accompany this petition\*\*\***

\_\_\_\_\_, the petitioner, has arranged for the treatment of  
Name of Petitioner

\_\_\_\_\_ to be facilitated by:  
Name of Respondent

\_\_\_\_\_  
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 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 \_\_\_\_\_ of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public