

**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: _____

RESPONDENT'S Residence Address: _____

RESPONDENT'S Current Location (if different): _____

PETITIONER: _____

PETITIONER'S Address: _____

PETITIONER'S Phone Number: _____

PETITIONER'S E-mail Address: _____

States that he/she is:

Spouse; Relative _____ Guardian of the above named Respondent
(Relationship)

PETITIONER further states that the name, address and residence of person related to the Respondent are (if living and known)

Parents or guardian: _____
Name and complete address

Spouse: _____
Name and complete address

Person having custody of Respondent: _____
Name and complete address

Near Relative: _____
Name and complete address

Other: _____
Name and complete address

Check one:

- Certificate of Physician is attached. Exam must be within two days prior to filing date of Petition
OR
- Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination.

Petition is accompanied by: (check one or more)

- A security deposit in the amount of \$ _____, representing one-half of the estimated cost of treatment;
OR
- Documentation establishing that the petitioner or respondent will be able to cover at least one-half of the estimated cost of treatment;
OR
- Other evidence to the satisfaction of the Court establishing that the petitioner or respondent will be able to cover some of the estimated cost of treatment.

Petition shall also be accompanied by: (check one or more)

- Guarantee of Payment form;
OR
- Documentation establishing insurance coverage of petitioner or respondent will cover the full cost of treatment;
OR
- Documentation that petitioner or respondent will cover some of the estimated cost of treatment.

CASE NO. _____

The petitioner represents that all of the above information is true and accurate.

Signature of Attorney

Signature of Petitioner

Name of Attorney (Please Print)

Name of Petitioner (Please Print)

Attorney Registration Number

Sworn before me and signed in my presence on the _____ day of _____, _____.

Notary Public

VERIFICATION OF TREATMENT BY PETITIONER

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

Name of Petitioner

 the petitioner, has arranged for the treatment of

Name of Respondent

 to be facilitated by:

Name of Treatment Provider

Full Address of Treatment Provider (Street, City, State, Zip Code)

GUARANTEE OF PAYMENT
(R.C. 5119.93(D)(2))

Pursuant to O.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, and hearing 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 the _____ day of _____, _____.

Notary Public