

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

IN THE INTEREST OF \_\_\_\_\_

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

**STATEMENT OF TREATMENT  
(R.C. 5119.93(C)(2))**

\_\_\_\_\_ hereby agrees to provide the  
Name of Treatment Provider  
appropriate treatment for \_\_\_\_\_.  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City & Zip Code)

\_\_\_\_\_  
Name of Contact Person at Treatment Provider

\_\_\_\_\_  
Telephone Number for Treatment Provider

\_\_\_\_\_  
Fax Number for Treatment Provider

\_\_\_\_\_  
Estimated Time for Treatment Provider

\_\_\_\_\_  
Estimated Cost of Treatment

\_\_\_\_\_  
Signature of Authorizing Agent at Treatment Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Agent at Treatment Provider