

## **Effective January 1, 2021**

\*Filing Fee for Mental Illness is \$25.00

**PROBATE COURT OF HIGHLAND COUNTY  
KEVIN L. GREER, JUDGE**

IN THE MATTER OF: \_\_\_\_\_

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

**AFFIDAVIT OF MENTAL ILLNESS  
R.C. 5122.111**

\_\_\_\_\_, the undersigned, residing at

\_\_\_\_\_  
Says that he/she has

Information to believe or has actual knowledge that \_\_\_\_\_

(Please specify specific category(ies) below with an X.)

- Represents a substantial risk or physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community;
- Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person; or
- Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:
- a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
  - b) The person has history of lack of compliance with treatment for mental illness and at least one of the following applies:
    - i. At least twice within the thirty six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six month period.
    - ii. Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight month period.
  - c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary treatment.
  - d) In view of the person's treatment history and current behavior, the person is in need of treatment to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

\_\_\_\_\_ further says that the facts supporting this belief are as follows:

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

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

**PROBATE COURT OF HIGHLAND COUNTY, OHIO**  
**Kevin L. Greer, Judge**

**IN THE MATTER OF:** \_\_\_\_\_  
**CASE NO.:** \_\_\_\_\_

**CASE HISTORY OF MENTAL ILLNESS**

This form is to be completed by the person making application for admission or by any other interested competent person.

1. Full name of patient \_\_\_\_\_
2. Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place \_\_\_\_\_
3. Race \_\_\_\_\_ Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_
4. Patient now resides at \_\_\_\_\_  
Street City State Zip County
5. Occupation \_\_\_\_\_ When and where last employed \_\_\_\_\_  
\_\_\_\_\_
6. Who is responsible for cost of hospitalization? \_\_\_\_\_
7. Name and address in full of person to whom correspondence is to be directed \_\_\_\_\_  
Relationship \_\_\_\_\_
8. Guardian: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_
9. Name and address of family physician \_\_\_\_\_
10. Is patient eligible for veteran's benefits? \_\_\_\_\_
11. Is patient a dependent or spouse of a deceased veteran? \_\_\_\_\_ If so, state name and SSN: \_\_\_\_\_  
\_\_\_\_\_
12. How long have you known this person? \_\_\_\_\_
13. State what leads you to believe this person is mentally ill \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. When was the first sign of mental illness observed by you? \_\_\_\_\_  
\_\_\_\_\_
15. Are there any legal charges pending on patient, or behaviors that could result in legal proceedings? \_\_\_\_\_  
If yes, explain  
fully \_\_\_\_\_  
\_\_\_\_\_
16. Was this person previously stable and well adjusted? \_\_\_\_\_
17. Number of previous attacks of mental disorder \_\_\_\_\_

18. Has this person been a patient in any hospital, private or public, for the mentally ill, or any other institution? \_\_\_\_\_ If Yes, state where, and how long? \_\_\_\_\_

19. Has this person suffered serious physical injury?(Particularly to the head)\_\_\_\_\_ If yes explain fully \_\_\_\_\_

20. Has this person suffered any great traumatic incidences or recent stress? \_\_\_\_\_ If Yes, explain fully \_\_\_\_\_

21. Has this person required feeding, seclusion or restraint? \_\_\_\_\_ If so, explain fully \_\_\_\_\_

22. Has this person been addicted to the use of alcohol or drugs? \_\_\_\_\_ If so, explain fully \_\_\_\_\_

23. Is the person?

Paralytic \_\_\_ Bedridden \_\_\_ Untidy \_\_\_ Violent \_\_\_ Destructive \_\_\_

Excited \_\_\_ Depressed \_\_\_ Homicidal \_\_\_ Suicidal \_\_\_

24. If any of the above are true, describe \_\_\_\_\_

25. Does this person have any physical defect or deformity? \_\_\_\_\_

26. Does patient have any medical illness for which ongoing medication and monitoring is required? \_\_\_\_\_

If yes, explain fully \_\_\_\_\_

27. Is the patient following doctor's instructions for treatment? \_\_\_\_\_ List problems \_\_\_\_\_

The above information furnished by \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

This information is believed to be true to the best of his or her knowledge.

\_\_\_\_\_ Date \_\_\_\_\_

**PROBATE COURT OF HIGHLAND COUNTY, OHIO**

**KEVIN L. GREER, JUDGE**

**IN THE MATTER OF:** \_\_\_\_\_

**CASE NO.:** \_\_\_\_\_

**AFFIDAVIT OF REFUSAL OF DOCTOR'S EVALUATION**

The undersigned having been duly sworn states that \_\_\_\_\_, the alleged mentally ill person subject to court order, refused to submit to an examination by a psychiatrist or a licensed clinical psychologist and licensed physician. I have made the below listed attempts to obtain a certificate of a psychiatrist, or licensed clinical psychologist and physician to substantiate the allegations contained in the affidavit of mental illness dated the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

**PROBATE COURT OF HIGHLAND COUNTY, OHIO**  
**KEVIN L. GREER, JUDGE**

**IN THE MATTER OF** \_\_\_\_\_  
**CASE NO.:** \_\_\_\_\_

**APPLICATION TO AUTHORIZE**

Pursuant to R.C. 5122.271 and/or R.C. 2101.24, the undersigned says that he has information to believe or has actual knowledge that \_\_\_\_\_ is in need of \_\_\_\_\_ and is \_\_\_\_ physically \_\_\_\_ mentally unable to receive information required to enable him to give fully informed intelligent and knowing consent to the following procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As shown in Attachment A, the undersigned further states that said procedures are necessary to protect the general health and well-being of the above named person and asks that the Court authorize the above procedures.

The undersigned further states that this Court has jurisdiction to hear this matter pursuant to R.C. 5122.271 and/or R.C. 2101.24.

The undersigned further states that there is no guardian available to consent and that he has attached the opinion of the chief medical officer or attending physician and a concurring opinion by a licensed physician.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Concurring Opinion





3. Describe the specific treatment regimen, including a specific medication(s) you are seeking authority to implement.

4. The nature, degree, duration, and probability of side effects and/or significant risk.

5. A reasonable alternative treatment and reasons why the proposed treatment is recommended.

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Applicant (Chief Clinical Officer if Application is for surgery)      Date

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Treating Physician

Date