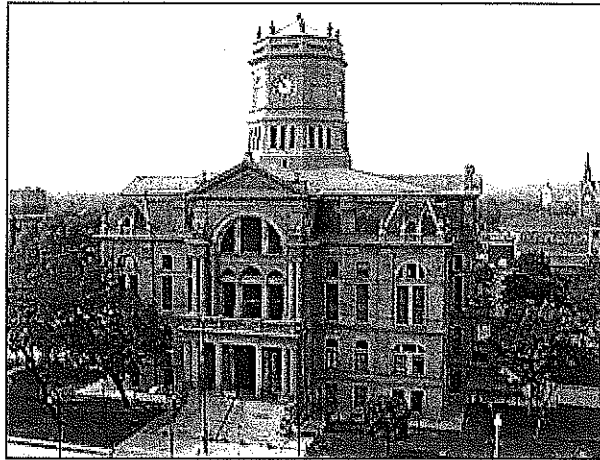


BUTLER COUNTY PROBATE COURT



MENTAL HEALTH FORMS

STEP I

RECEIVING

AFFIDAVIT

Prescreening Demographic Sheet

The following information is in reference to the alleged mentally ill person:

Alleged Respondent's Name: _____
(First, Middle, Last)

Primary Address _____

Local Address _____

Billing Address _____

County of Legal Residence _____

Age _____ Date of Birth _____ Gender: ☐ Male ☐ Female Social Security No _____

Phone: (Home) _____ (Cell) _____ (Work) _____ (Other) _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated ☐ Common Law ☐ Other _____

Race: ☐ Unknown ☐ W – White ☐ B – Black/African American
☐ N – Native American ☐ A – Asian
☐ P – Native Hawaiian/Other Pacific Islander ☐ M – Alaskan Native

Ethnicity ☐ A – Puerto Rican ☐ B – Mexican ☐ C – Cuban ☐ D – Other Hispanic ☐ E – Not Hispanic or Latino

Parent/Guardian/Custodian (if minor) _____ Phone: _____

Emergency Contact (Name) _____ Relationship: _____ Phone: _____

Primary Language: _____ Respondent needs and Interpreter: ☐ Yes ☐ No

If yes, ☐ American Sign Language ☐ Language Interpreter (specify language): _____

Client needs assistance with visualization of material or alternate format ☐ Yes ☐ No

Insurance:

Does alleged respondent have insurance? ☐ Yes ☐ No ☐ Unknown

If known:

<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Medicaid	Medicaid No:
<input type="checkbox"/>	None	<input type="checkbox"/>	Medicare	Medicare No:
<input type="checkbox"/>	Self	<input type="checkbox"/>	EAP Involved/Eligible	Company: _____ # Visits
Primary Private Insurance:				Insurance Plan No. _____ Group # _____
Secondary Private Insurance:				Insurance Plan No. _____ Group # _____

Alleged Respondent's Name: _____
(First, Middle, Last)

Medication Information to include Medical, Psychiatric, OTC/Herbal None Unknown

Medication	Rationale	Total Daily Dosage	Compliant			
			Yes	No	Partial	Unknown

Mental Health Treatment History

Outpatient Mental Health:	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
Agency	Current	Past (Date if known)
Psychiatric Hospitalizations:	<input type="checkbox"/> None	<input type="checkbox"/> Unknown
Hospital	Date of Service	Reason (Suicidal, Depressed, etc.)
Previous or Current Diagnosis (if known)		
Other comments regarding Mental Health History (use additional area at end of screening if necessary):		

Alcohol/Drug History

Illegal Drug Use/Abuse in Past 12 Months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Prescription Drug Abuse in Past 12 Months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Non-Prescription Drug Abuse Past 12 Months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Alcohol Abuse Past 12 Months:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Toxicology Screen Completed:	<input type="checkbox"/> Not Indicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, results:		
Presenting with Detox Issue:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No If yes, symptoms:		
Check all that apply: <input type="checkbox"/> IV Drug User <input type="checkbox"/> Pregnant					
Drug/Substance/Alcohol	Age of First Use	Date of Last Use	Frequency	Amount	Method

Alleged Respondent's Name: _____
(First, Middle, Last)

AoD Treatment History

AoD Treatment: <input type="checkbox"/> None <input type="checkbox"/> Past <input type="checkbox"/> Current	
If yes, type of Past AoD Treatment: <input type="checkbox"/> Out Patient <input type="checkbox"/> Intensive Out Patient <input type="checkbox"/> Residential <input type="checkbox"/> Hospital <input type="checkbox"/> Detox	
<input type="checkbox"/> Other:	
Agency:	Date(s) of Service
Agency:	Date(s) of Service
Agency:	Date(s) of Service
Other comments regarding substance abuse/use (use additional area at end of screening if necessary):	

Client Strengths/Supports

Describe Family/Primary Support:

Strengths/Capabilities/Limitations of Activities of Daily Living:

Additional Comments and/or additional information regarding Mental Health History and/or Substance Abuse:

Submitted By: _____

Date: _____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

***AFFIDAVIT (MENTAL ILLNESS)**

(In Accordance with Sec. 5122.02 and 5122.111 O.R.C.)

_____ the undersigned, residing at

_____ says that he/she has information to believe or has actual

knowledge that _____

- ☐ Represents a substantial risk of 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 a history of lack of compliance with treatment for mental illness and one of the following applies:
 - (i) At least twice within the 36-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 36-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 36-month period.
 - (ii) Within the 48-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 48-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 48-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 in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

IN THE MATTER OF _____ CASE NO. _____

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

(This statement may be continued at the bottom of page 3)

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

The name and address of patient's last physician or licensed clinical psychologist is:

The names and addresses of respondents legal guardian, spouse, and adult next of kin are as follows:

NAME	ADDRESS	KINSHIP

The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this _____ day of _____, _____ A.D.

Signature of the party filing the affidavit

Sworn to before me and signed in my presence on the day and year above dated.

Signature Of Probate Judge/Magistrate

Signature Of Deputy Clerk/Notary

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

CERTIFICATE OF EXAMINATION

[In Accordance With R.C. 5122.11]

Person's Name	Age	Sex	Race	Marital Status	Date of Birth	Social Security Number
Person's Address (street, city, county, state and zip code)						

The undersigned certifies that he/she/they is/are a psychiatrist or a licensed clinical psychologist and a licensed physician (underline as appropriate) of the State of Ohio, and that the following are facts relating to the examination of the above named person.

I further certify that I have with care and diligence personally observed and examined the named person on the _____ day of _____ in the year _____ AD

That said person was examined at _____

(State place of examination)

and as a result of such examination, I believe said person ☐ is ☐ is not mentally ill and subject to Court order.

REMARKS - Please report your findings which support your recommendations for admission. Please indicate any physical or mental condition demanding the immediate attention of the admitting hospital, i.e. withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information examining physician considers important. Continue on reverse side if necessary.

CASE NO. _____

M.D. Signature

M.D. Signature

Name and Title _____ M.D.

Name and Title _____ M.D.

Address _____

Address _____

City/State _____

City/State _____

License Number _____

License Number _____

The undersigned certifies, under oath, that the person has refused to submit to an examination by a psychiatrist, or by a licensed clinical psychologist and licensed physician.

Name _____

Address _____

City/State _____

License Number _____

Signed in the presence of _____ this _____ day of _____ A.D.

(A) Mental illness means a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

(B) "Mentally ill person subject to Court order" means a mentally ill person who, because of the person's illness: **Please mark appropriate box with an X:**

☐ Represents a substantial risk of 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, 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 that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or

☐ Would benefit from treatment in a hospital for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to the substantial rights of others or the person.

☐ Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:

- (i) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
- (ii) The person has a history of lack of compliance with treatment for mental illness and 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.
- (iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment.
- (iv) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ORDER REFERRING AFFIDAVIT FOR SCREENING

[R.C. 5122.13]

On this _____ day of _____, _____ an affidavit was filed in this Court alleging that _____ is a mentally ill person subject to Court Order.

This affidavit is referred to _____ for investigation pursuant to R.C. 5122.13.

Upon completion of the investigation, _____ shall report to this court its assessment of whether or not _____ is a mentally ill person subject to court-ordered treatment and whether alternatives to hospitalization are available.

It is further ordered that _____ report to this Court its findings by telephone by _____ and submit its written findings by _____

Date

Judge/Magistrate

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____
Alleged to be Mentally Ill

CASE NUMBER: _____

ENTRY OF DISMISSAL AND EXPUNGEMENT

[R.C. 5122.15(L) or R.C. 5122.20; R.C. 5122.15(E)]

This matter came on for hearing upon the filing of a written Affidavit of Mental Illness alleging that _____ is a mentally ill person subject to hospitalization by Court Order. The Court finds that said person:

☐ signed an application for Voluntary Admission which has been accepted by the Chief Medical Officer of the Hospital prior to the hearing.

☐ was unable to be found within the jurisdiction of the court.

☐ was discharged from the hospital prior to the hearing date.

☐ the affidavit does not contain sufficient information for a finding of probable cause.

☐ Other: _____

IT IS THEREFORE ORDERED that _____ is discharged from this Affidavit and this cause is herewith dismissed and the record expunged forthwith without the necessity of a hearing. Any attorney or doctor appointed is hereby discharged.

Date

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ORDER APPOINTING PSYCHIATRIST

[R.C. 5122.14]

The court finds that _____ who resides at _____
_____ filed
in this court an affidavit alleging that _____ residing at _____
_____ is a
mentally ill person subject to Court Order. The affidavit has been found to constitute probable
cause to believe that the respondent is a mentally ill person subject to Court Order and no
certificate of examination has been filed in this matter.

IT IS THEREFORE ORDERED that _____ be
appointed to examine the respondent and to report his or her findings to the court as to the
mental condition of the respondent, and his need for custody, care, or treatment in a hospital.

Date

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

NOTICE OF FILING AFFIDAVIT

Notice is hereby given that an Affidavit, a copy of which is attached hereto and incorporated by reference, alleging that the Respondent in this matter is a mentally ill person subject to hospitalization by court order has been filed in this matter.

Date

Probate Judge

CERTIFICATE OF SERVICE

A copy of the forgoing was forwarded by email or FAX transmission to the Butler County Mental Health & Addiction Recovery Services Board on this _____ day of _____
_____ at _____ AM/PM.

Deputy Clerk

STEP II

DETENTION

AND

HOSPITAL

RECORDS

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

ORDER OF DETENTION (MENTAL ILLNESS)

[R.C. 5122.11]

To Richard K. Jones, Sheriff of said County:

Whereas, _____ who resides at _____

_____ has filed in the Court of Common Pleas, Probate Division of said

County, an affidavit alleging that _____, residing at

_____ currently at _____

is a mentally ill person subject Court order. Pursuant to Section 5122.11 of the Revised Code, the Court finds probable cause to believe that respondent is a mentally ill person subject to court order and is ordered to the Butler County Board of Mental Health.

YOU ARE THEREFORE, commanded to apprehend the said person forthwith and detain _____ at

_____ and bring _____ before me at _____

(Facility Name)

_____, in _____

County on the _____ day of _____ A.D. _____ at _____ o'clock ____ .M., then and

there to abide the order of this Court in the premises. Herein fail not, and of this writ make legal service and due return not later than the first business day after service is had.

IN TESTIMONY WHEREOF, I hereunto set my hand

and affix the seal of said Court at Hamilton, Ohio

this _____ day of _____, _____

Judge/Magistrate

Deputy Clerk

Received this day, from the above named _____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

ORDER TO PRODUCE HOSPITAL RECORDS

This matter is before the Court regarding the production of medical records by

_____ with respect the to Respondent,

(Hospital)

IT IS HEREBY ORDERED that

_____ produce certified
(Hospital)

copies of the following medical records regarding the above-captioned Respondent from the date of his or her most recent hospitalization to the date of this Order to release records:

1. Psychiatric Admission Note(s)
2. History & Physical
3. Progress Notes
4. Emergency Department Physician Report(s)
5. Psychiatric Services Admission Assessment

IT IS FURTHER ORDERED that _____

(Hospital)

shall produce the foregoing records to:

Asst Prosecuting Atty Cassandra Kiesey, at Butler County Mental Health & Addiction Recovery Services Board, 5963 Boymel Dr, Fairfield, OH 45014

these records must be received by

(Date and Time)

SO ORDERED.

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged to be Mentally Ill

CASE NO. _____

ORDER TO CONVEY OR RECONVEY

[R.C. 5122.11]

IN THE MATTER OF:

TO:

All the proceedings prescribed by law mandate that _____

be transported from _____

to _____

on the _____ day of _____, _____ at _____. Therefore; you are commanded

forthwith to take charge of and convey or reconvey, said _____

to the said _____

on the _____ day of _____, _____ at _____. After executing this order you will

make due return thereof this office.

WITNESS my hand and seal of this Court this

_____ day of _____, _____

Judge/Magistrate

By _____

Deputy Clerk

CASE NO. _____

SHERIFF'S RETURN

Sheriff's Office Butler County, Ohio

Received this writ on _____, _____ and on _____, _____, I executed the same by conveying the person named to the place designated, as shown by the receipt endorsed within.

SHERIFF'S FEES

Service and Return..... \$ _____

Mileage (_____ Miles)..... _____

Total \$ _____

Sheriff-Person Appointed

By _____
Deputy Sheriff

PERSON APPOINTED, OR POLICE OFFICER OTHER THAN SHERIFF

Received this writ on _____, _____ and on _____, _____, I
_____ executed the same by conveying the person named to
the place designated, as shown by the receipt endorsed within.

FEES

Service and Return..... \$ _____

Mileage (_____ Miles)..... _____

Total \$ _____

Person Appointed

By _____
Signature of Person Appointed

It is hereby certified:

The above stated services were performed and the fee charged is in accordance with the Provisions of the Revised Code (Sec. 5122.43) that the charges are reasonable and is approved by me for payment from the County Treasurer on order of the County Auditor.

Judge/Magistrate

STEP III

PRIOR TO

FULL

HEARING

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY SETTING INITIAL HEARING & ORDERING NOTICE

[R.C. 5122.141]

On the _____ day of _____, _____, an affidavit was filed by _____
_____ alleging that _____
is a mentally ill person subject to court order.

IT IS ORDERED that a hearing be held pursuant to RC §5122.15 before this Court at:

on the _____ day of _____, _____ at _____.

IT IS FURTHER ORDERED that written notice of said hearing be given by mail or
otherwise to all persons entitled to notice who have not waived.

Date

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

SUBPOENA IN CIVIL CASE

[Civil Rule 45]

To:

Residence

You are hereby commanded to appear before the Butler County Court of Common Pleas, Probate Division at _____

on the _____ day of _____, _____ at _____ o'clock _____ to attend and give testify as a witness in a case pending, wherein _____

is alleged to be _____

Said Court requires your said attendance on behalf of _____

Witness my hand and seal of said Court this
_____ day of _____, _____.

By: _____
Deputy Clerk

Precipe Prepared By: _____

Attorney for: _____

RETURN OF SERVICE

On the _____ day of _____, _____, I served the above name individual by

Dated _____

By: _____
(Process Server)

NOTE: SEE REVERSE SIDE FOR INSTRUCTIONS

RULES OF CIVIL PROCEDURE
RULE 45. Subpoena

(C) Protection of persons subject to subpoenas

- (1) A party or attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena.
- (2) (a) A person commanded to produce under divisions (A)(1)(b), (iii), (iv), (v), or (vi) of this rule need not appear in person at the place of production or inspection unless commanded to attend and give testimony at a deposition, hearing, or trial.
(b) Subject to division (D)(2) of this rule, a person commanded to produce under divisions (A)(1)(b), (iii), (iv), (v), or (vi) of this rule may, within fourteen days after service of the subpoena or before the time specified for compliance if such time is less than fourteen days after service, serve upon the party or attorney designated in the subpoena written objections to production. If objection is made, the party serving the subpoena shall not be entitled to production except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena, upon notice to the person commanded to produce may move at any time for an order to compel the production. An order to compel production shall protect any person who is not a party or an officer of a party from significant expense resulting from the production commanded.
- (3) On timely motion, the court from which the subpoena was issued shall quash or modify the subpoena, or order appearance or production only under specified conditions, if the subpoena does any of the following:
 - (a) Fails to allow reasonable time to comply;
 - (b) Requires disclosure of privileged or otherwise protected matter and no exception or waiver applies;
 - (c) Requires disclosure of a fact known or opinion held by an expert not retained or specially employed by any party in anticipation of litigation or preparation for trial as described by Civ. R. 26(B)(5), if the fact or opinion does not describe specific events or occurrences in dispute and results from study by that expert that was not made at the request of any party;
 - (d) Subjects a person to undue burden
- (4) Before filing a motion pursuant to division (C)(3)(d) of this rule, a person resisting discovery under this rule shall attempt to resolve any claim of undue burden through discussions with the issuing attorney. A motion filed pursuant to division (C)(3)(d) of this rule shall be supported by an affidavit of the subpoenaed person or a certificate of that person's attorney of the efforts made to resolve any claim of undue burden.
- (5) If a motion is made under division (C)(3)(c) or (C)(3)(d) of this rule, the court shall quash or modify the subpoena unless the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated.

(D) Duties in responding to subpoena

- (1) A person responding to a subpoena to produce documents shall, at the person's option, produce them as they are kept in the usual course of business or organized and labeled to correspond with the categories in the subpoena. A person producing documents or electronically stored information pursuant to a subpoena for them shall permit their inspection and copying by all parties present at the time and place set in the subpoena for inspection and copying.
- (2) If a request does not specify the form or forms for producing electronically stored information, a person responding to a subpoena may produce the information in a form or forms in which the information is ordinarily maintained if that form is reasonably useable, or in any form that is reasonably useable. Unless ordered by the court or agreed to by the person subpoenaed, a person responding to a subpoena need not produce the same electronically stored information in more than one form.
- (3) A person need not provide discovery of electronically stored information when the production imposes undue burden or expense. On motion to compel discovery or for a protective order, the person from whom electronically stored information is sought must show that the information is not reasonably accessible because of undue burden or expense. If a showing of undue burden or expense is made, the court may nonetheless order production of electronically stored information if the requesting party shows good cause. The court shall consider the factors in Civ. R. 26(B)(4) when determining if good cause exists. In ordering production of electronically stored information, the court may specify the format, extent, timing, allocation of expenses and other conditions for the discovery of the electronically stored information.
- (4) When information subject to a subpoena is withheld on a claim that is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.
- (5) If information is produced in response to a subpoena that is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a receiving party must promptly return, sequester, or destroy the specified information and any copies within the party's possession, custody or control. A party may not use or disclose the information until the claim is resolved. A receiving party may promptly present the information to the court under seal for a determination of the claim of privilege or of protection as trial-preparation material. If the receiving party disclosed the information before being notified, it must take reasonable steps to retrieve it. The person who produced the information must preserve the information until the claim is resolved.

(E) Sanctions

Failure by any person without adequate excuse to obey a subpoena served upon that person may be deemed a contempt of the court from which the subpoena issued. A subpoenaed person or that person's attorney who frivolously resists discovery under this rule may be required by the court to pay the reasonable expenses, including reasonable attorney's fees, of the party seeking the discovery. The court from which a subpoena was issued may impose upon a party or attorney in breach of the duty imposed by division (C)(1) of this rule an appropriate sanction, which may include, but is not limited to, lost earnings and reasonable attorney's fees.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY SCHEDULING

AND ORDERING NOTICE

TO THE FOLLOWING PERSONS:

Cassandra Kiesey, Esq. Butler Co. Mental Health & Addiction Recovery Services 5963 Boymel Drive Fairfield, OH 45014	Mr. Nick Schrantz Community Behavioral Health, Inc. 820 Martin Luther King Blvd. Hamilton, OH 45011

The Court schedules this matter for _____ before the Butler County Probate Court on
the _____ day of _____, _____ at _____ at _____

Witness my hand and the seal of this Court, this
_____ day of _____, _____

Judge/Magistrate

Deputy Clerk

I certify that a copy of this entry was issued to the persons listed above and to _____
_____ by regular mail, facsimile, or email this _____ day of _____, _____

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

Alleged to be Mentally Ill

NOTICE TO RESPONDENT

To: _____

You are hereby notified that on the _____ day of _____, _____,

_____ residing at _____

filed in this Court and affidavit alleging you are mentally ill subject to Court order.

This affidavit has been scheduled for hearing before this Court at:

Place: _____

Date: _____, _____ Time: _____ M

You may retain counsel and have independent expert evaluation. If you are unable to obtain an attorney, you shall be represented by Court appointed counsel and may have independent expert evaluation at state expense.

_____ has been appointed to represent you at this hearing.

Phone: _____ Address: _____

Witness my signature and the seal of said Court this

this _____ day of _____, _____

Judge/Magistrate

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

RIGHTS OF AN INVOLUNTARILY DETAINED PERSON

[R.C. 5122.05(C) and R.C. 5122.01(B)]

You have been served papers by _____, a Constable of Butler County Probate Court for examination by mental health professionals at _____. This is not a criminal offense.

You have the right to:

1. Immediately make a reasonable number of telephone calls or use other reasonable means to contact an attorney, a licensed physician, or a licensed clinical psychologist, to contact any other person or persons to secure representation by counsel, or to obtain medical or psychological assistance, and be provided assistance in making calls if such assistance is needed and requested;
2. Retain counsel and have independent expert evaluation of the person's mental condition and, if the person is unable to obtain an attorney or independent expert evaluation, be represented by court – appointed counsel or have independent expert evaluation of the person's mental condition, or both, at public expense if the person is indigent;
3. Have a hearing to determine whether or not the person is a mentally ill person subject to court order.

MENTALLY ILL PERSON SUBJECT TO COURT ORDER means a mentally ill person who, because of the person's illness:

- a. Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self – inflicted bodily harm;
- b. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- c. Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;
- d. Would benefit from treatment for the person's 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

- e. Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:
- I. The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
 - II. The person has a history of lack of compliance with treatment for mental illness and 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.
 - iii. The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment.
 - iv. In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would likely to result in substantial risk of serious harm to the person or others.
-
-

REPORT OF PRESENTATION OF RIGHTS

On the _____ day of _____, _____, I read and served a copy of RIGHTS OF AN INVOLUNTARILY DETAINED PERSON TO _____

Constable

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY APPOINTING COUNSEL

[R.C. 5122.15(A)(3)]

As provided for in Section 5122.15(A) of the Ohio Revised Code and it further appearing to the Court that _____ is unable to obtain counsel or is indigent, the Court hereby orders that _____ is appointed as counsel in this matter. In the event that the respondent is not indigent, the Court reserves the right to assess costs of appointed counsel to the respondent.

The Court further orders the release of all relevant medical records to _____ as counsel for the respondent pursuant to Section 5122.31(A)(4) of the Revised Code.

Date

Judge/Magistrate

By: _____
Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

PRECIPE FOR SUBPOENA DUCES TECUM

To the clerk:

Please issue a subpoena duces tecum to _____

(Hospital)

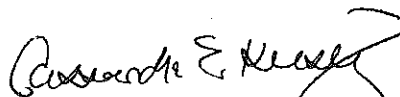
The subpoena should require the hospital to produce certified copies of the following medical records regarding the above-captioned Respondent from the date of his or her most recent admission to the date of release of records:

1. Psychiatric Admission Note
2. History & Physical
3. Progress Notes
4. Emergency Department Physician Report
5. Psychiatric Services Admission Assessment

The records should be delivered to the Probate Court no later than _____

at _____ M
(Date and Time)

the date of the next scheduled hearing in the above captioned matter.



Cassandra E. Kiesey, Assistant Prosecuting Attorney
Butler County Mental Health & Addiction Recovery Services Board
5963 Boymel Dr.
Fairfield, OH 45014
(513) 860-9240

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged to be Mentally Ill

CASE NO. _____

ORDER TO CONVEY OR RECONVEY

[R.C. 5122.11]

IN THE MATTER OF:

TO:

All the proceedings prescribed by law mandate that _____
be transported from _____
to _____
on the _____ day of _____, _____ at _____. Therefore; you are commanded
forthwith to take charge of and convey or reconvey, said _____
to the said _____
on the _____ day of _____, _____ at _____. After executing this order you will
make due return thereof this office.

WITNESS my hand and seal of this Court this
_____ day of _____, _____

Judge/Magistrate

By _____
Deputy Clerk

CASE NO. _____

SHERIFF'S RETURN

Sheriff's Office Butler County, Ohio

Received this writ on _____, _____ and on _____, _____, I executed the same by conveying the person named to the place designated, as shown by the receipt endorsed within.

SHERIFF'S FEES

Service and Return..... \$ _____

Sheriff-Person Appointed

Mileage (_____ Miles)..... _____

By _____

Total \$ _____

Deputy Sheriff

PERSON APPOINTED, OR POLICE OFFICER OTHER THAN SHERIFF

Received this writ on _____, _____ and on _____, _____, I
_____ executed the same by conveying the person named to
the place designated, as shown by the receipt endorsed within.

FEES

Service and Return..... \$ _____

Person Appointed

Mileage (_____ Miles)..... _____

By _____

Total \$ _____

Signature of Person Appointed

It is hereby certified:

The above stated services were performed and the fee charged is in accordance with the Provisions of the Revised Code (Sec. 5122.43) that the charges are reasonable and is approved by me for payment from the County Treasurer on order of the County Auditor.

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

CERTIFICATE OF SERVICE

I, _____, of the Butler County Probate Court, do
hereby certify that a copy of the Affidavit, Order of Detention, and Notice of Hearing were issued by _____ to-wit:

Dated this _____ day of _____, _____.

STEP IV

AT

FULL

HEARING

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF SERVICE

_____ being first duly sworn, says that on the _____ day of

_____, served the within _____ by

_____ a true copy thereof to the within named _____

Sworn to before me and signed in my presence, this _____ day of _____, _____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

JUDGMENT ENTRY OF COMMITMENT

On the _____ day of _____, _____, this cause came on to be heard upon evidence presented. The Court finds on the evidence that the above named person, _____, was served with notice of this hearing on the _____ day of _____, _____ and that other parties entitled to notice have either been served or have waived service of notice.

Upon clear and convincing evidence, the Court finds that above named person is a mentally ill person subject to court order as defined by Section 5122.01(B). In particular, the Court finds that the person's judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life is grossly impaired due to a substantial disorder of the person's thought, mood, perception, orientation, and/or memory.

Further the Court finds that due to the person's mental illness, the person:

_____ represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm, and/or,

_____ represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness, and/or

_____ represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community, and /or

_____ would benefit from treatment for the person's 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, and /or

_____ would benefit from treatment as manifested by evidence of behavior that indicates all of the following :

The person is unlikely to survive safely in the community without supervision, based on a clinical determination.

CASE NO. _____

The person has a history of lack of compliance with treatment for mental illness and one of the following applies:

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, or

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.

The person, as a result of person's mental illness, is unlikely to voluntarily participate in necessary treatment.

In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

The facts set forth in Exhibit(s) 1, subject to the exceptions set forth herein, are adopted and incorporated by reference as additional findings of fact.

The Court further finds that the least restrictive setting available for treatment consistent with the goals of the projected treatment plan is _____ at _____ until discharge and then _____ treatment.

CASE NO. _____

IT IS THEREFORE ORDERED that the person, _____
be committed to the Butler County Mental Health & Addiction Recovery Services Board
in accordance with the provisions of division (C) (4) of section 5122.15 of the Revised
Code, for a period not to exceed ninety (90) days, and

IT IS FURTHER ORDERED that the person comply with the treatment plan
developed by those to whom the person has been committed.

This order expires on _____.

If an Application for Continued Commitment is filed, a hearing on such
Application shall be held on _____.

Have Seen:

Attorney for B.C.M.H.A.R.S.B.

Attorney for the Person

CERTIFICATE OF SERVICE

A copy of the forgoing was forwarded to: Cassandra Kiesey, Butler County Mental Health &
Addiction Recovery Services Board, 5963 Boymel Drive, Fairfield, OH 45014 and to

on this _____ day of _____, _____ by _____

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged to be Mentally Ill

CASE NO. _____

ENTRY OF DISMISSAL AND EXPUNGEMENT

This cause came before the Court upon the filing of a written Affidavit of Mental Illness, alleging that the above captioned person is mentally ill and subject to Court Order. The Court finds that said person:

☐ Has signed an application for a Voluntary Admission, which has been accepted by the Chief Medical Officer of the Hospital prior to the hearing.

☐ Was unable to be found within the jurisdiction of the Court.

☐ Was discharged from the Hospital before the hearing date.

☐ The affidavit does not contain sufficient information for a finding of probable cause.

☐ Other: _____

IT IS THEREFORE ORDERED that said person is discharged from this Affidavit and this cause is herewith dismissed and the record expunged forthwith without the necessity of a hearing. Any attorney or doctor appointed is hereby discharged.

Date

Judge / Magistrate



Notification Form for Record Checks

Under O.R.C. 5122.311

Please Type or Print in Ink

Pursuant to Ohio Revised Code 5122.311,

I, Randy T. Rogers, ☒ Probate Judge ☐ Chief Clinical Officer

Name of Reporting Official

of Butler County Probate Court

Name of Reporting Entity

☒ County

☐ Hospital,
Agency or Facility

☐ Other

101 High Street

Hamilton

Ohio

45011

Butler

Street Address

City

State

Zip

County

report the following regarding a mentally ill person subject to court order or involuntary patient other than one who is a patient only for purposes of observation, to the best of the current knowledge and information available.

Reporting County Court Case #: _____

Name: _____
Last First Middle

Social Security #: _____

Last Known

Residence: _____
Street Address City State Zip County

Mailing Address

(if different from above): _____
Street Address City State Zip County

Date of Birth: ____/____/____ Place of Birth: _____
City State County

Sex: ☐ Male ☐ Female Race/National Origin: ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other _____

The information contained in this document is true and correct to the best of my knowledge.

Date

Signature of Judge or Chief Clinical Officer

109: 5-3-01 Procedure for reporting incompetency records.

(A) Not later than seven (7) days after a person is found to be a mentally ill person subject to court order or becomes an involuntary patient other than one who is a patient only for purposes of observation, the Probate Judge who made the adjudication or the Chief Clinical Officer of the hospital, agency, or facility in which the person is an involuntary patient must transmit this form to the bureau of criminal identification and investigation.

(B) The foregoing shall be submitted to the Attorney General's Office Bureau of Criminal Identification (BCI) in one of the following ways:

(1) Through the mail to the Attorney General's Office Bureau of Criminal Identification, P.O. Box 365, London, Ohio 43140.

(2) Electronically in a format designated by the superintendent.

(C) This notification is required under R.C. 5122.311 for the purpose of conducting incompetency records checks pursuant to R.C. 311.41 (application to sheriff for concealed handgun permit).

(D) "Involuntary patient" means a person who is ordered to undergo treatment or continuing evaluation and treatment at a hospital, agency, or facility, or through an individual professional, under sections 2945.38, 2945.39, 2945.40, 2945.402 or committed to a hospital, facility, agency, Alcohol Drug Addiction Mental Health Services/Community Mental Health board or other person or place under section 5122.141 or 5122.15 of the Revised Code. "Involuntary patient" does not include persons admitted for purposes of evaluation pursuant to section 2945.371 of the Revised Code, or for care, observation and treatment pending examination or hearing under section 5122.10 or 5122.11 of the Revised Code.

(E) "For purposes of observation" means held at a center, program or facility for purposes of evaluation pursuant to section 2945.371 of the Revised Code or admitted for purposes of care, observation and treatment pending examination or hearing pursuant to section 5122.10 or 5122.11 of the Revised Code.

(F) "Mentally ill person subject to court order" and "patient" are defined at O.R.C. 5122.01.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

COURT CASE NO.: _____

PROBATE COURT CASE NO.: _____

ENTRY NOTIFYING ANOTHER COURT

OF A MENTAL ILLNESS ADJUDICATION IN PROBATE COURT

On _____, case number _____ came on for hearing in the _____ County Probate Court concerning the alleged mental illness of _____ was found by the court to be a mentally-ill person subject to court-ordered hospitalization, pursuant to R.C. §5122.01(B)(1),(2),(3) or (4). The court further ordered _____ to _____ for in-patient treatment and upon discharge to community probate with the Butler County Mental Health and Addiction Recovery Services Board.

It is hereby the order of this court that the _____ Court be informed of the adjudication in the Butler County Probate Court, as the _____ Court may have a matter pending concerning the same individual.

SO ORDERED.

Judge/Magistrate

Deputy Clerk

STEP V

AFTER

ADJUDICATION

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged to be Mentally Ill

CASE NO. _____

**JUDGMENT ENTRY OF DISMISSAL AND EXPUNGEMENT
AFTER A FULL HEARING**

On _____, this cause came on to be heard upon evidence presented.

The Court finds on the evidence that the respondent, _____ was served with notice of this hearing on _____ and that other parties entitled to notice have either been served or have waived service of notice.

The Court finds that the respondent is not a mentally ill person subject to hospitalization by Court order as defined by Section 5122.01(B). Therefore this case is dismissed and the record thereof is hereby expunged.

SO ORDERED.

Judge / Magistrate



Notification Form for Record Checks

Under O.R.C. 5122.311

Please Type or Print in Ink

Pursuant to Ohio Revised Code 5122.311,

I, Randy R. Rogers, ☒ Probate Judge ☐ Chief Clinical Officer

Name of Reporting Official

of Butler County Probate Court ☒ County ☐ Hospital, ☐ Other
Name of Reporting Entity Agency or Facility

101 High Street Hamilton Ohio 45011 Butler
Street Address City State Zip County

report the following regarding a mentally ill person subject to court order or involuntary patient other than one who is a patient only for purposes of observation, to the best of the current knowledge and information available.

Reporting County Court Case #: _____

Name: _____
Last First Middle

Social Security #: _____

Last Known Residence: _____
Street Address City State Zip County

Mailing Address (if different from above): _____
Street Address City State Zip County

Date of Birth: ____/____/____ Place of Birth: _____
City State County

Sex: ☐ Male ☐ Female Race/National Origin: ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other _____

The information contained in this document is true and correct to the best of my knowledge.

Date

Signature of Judge or Chief Clinical Officer

109: 5-3-01 Procedure for reporting incompetency records.

(A) Not later than seven (7) days after a person is found to be a mentally ill person subject to court order or becomes an involuntary patient other than one who is a patient only for purposes of observation, the Probate Judge who made the adjudication or the Chief Clinical Officer of the hospital, agency, or facility in which the person is an involuntary patient must transmit this form to the bureau of criminal identification and investigation.

(B) The foregoing shall be submitted to the Attorney General's Office Bureau of Criminal Identification (BCI) in one of the following ways:

(1) Through the mail to the Attorney General's Office Bureau of Criminal Identification, P.O. Box 365, London, Ohio 43140.

(2) Electronically in a format designated by the superintendent.

(C) This notification is required under R.C. 5122.311 for the purpose of conducting incompetency records checks pursuant to R.C. 311.41 (application to sheriff for concealed handgun permit).

(D) "Involuntary patient" means a person who is ordered to undergo treatment or continuing evaluation and treatment at a hospital, agency, or facility, or through an individual professional, under sections 2945.38, 2945.39, 2945.40, 2945.402 or committed to a hospital, facility, agency, Alcohol Drug Addiction Mental Health Services/Community Mental Health board or other person or place under section 5122.141 or 5122.15 of the Revised Code. "Involuntary patient" does not include persons admitted for purposes of evaluation pursuant to section 2945.371 of the Revised Code, or for care, observation and treatment pending examination or hearing under section 5122.10 or 5122.11 of the Revised Code.

(E) "For purposes of observation" means held at a center, program or facility for purposes of evaluation pursuant to section 2945.371 of the Revised Code or admitted for purposes of care, observation and treatment pending examination or hearing pursuant to section 5122.10 or 5122.11 of the Revised Code.

(F) "Mentally ill person subject to court order" and "patient" are defined at O.R.C. 5122.01.

STEP V

AFTER

ADJUDICATION

CASES TRANSFERRED

TO OR FROM

BUTLER COUNTY

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY TRANSFERRING JURISDICTION

It appearing to the Court this day, that on the _____ day of _____, _____, _____, filed an Affidavit in this Court alleging that _____ is mentally ill person subject to treatment by Court Order and on the _____ day of _____, _____, the Court issued a Commitment Entry, ordering _____ to _____. It further appears that _____ is a resident of _____ County, residing at _____

IT IS THEREFORE ordered that the within cause, with certified copies of all papers, proceedings, and correspondence filed, be transferred as provided by law to the _____ County Probate Court for further proceedings in this matter.

Date

Judge/Magistrate

By: _____
Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY ACCEPTING JURISDICTION

The Court finds that the respondent herein has established or re-established their residence in Butler County; that the respondent is under court order from another county within the state of Ohio to receive treatment for their mental illness; that said county desires to transfer jurisdiction of this matter to Butler County; and that such transfer of jurisdiction would be appropriate. Therefore,

The Butler County Probate Court hereby accepts jurisdiction over this matter.

Date

Judge/Magistrate

CERTIFICATE OF SERVICE

I certify that copies of the above entry were sent by ordinary U.S. Mail, postage prepaid, to the _____ County Probate Court, to the Butler County Mental Health and Addiction Recovery Services Board, and to the Respondent, _____

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ENTRY SETTING HEARING AND APPOINTING COUNSEL

Upon acceptance of the above captioned case transferred from _____ County the Court hereby sets this matter for hearing on the _____ day of _____, _____ at _____ and appoints _____ as counsel for Respondent, _____.

If an Application for Continued Commitment is filed, this hearing will be set on the _____ day of _____, _____ at _____. All prior orders are to remain in effect until this date.

Date

Judge/Magistrate

Deputy Clerk

CERTIFICATE OF COPIES

PROBATE COURT OF BUTLER COUNTY, OHIO

I, the undersigned, Judge of the Court of Common Pleas, Probate Division, within and for said County, having the custody of the Files, Journals and Records of said Court, do hereby certify that the foregoing is a true copy of the following Probate Mental Health Case documents.

*In the Matter of _____, Alleged to be Mentally Ill,
Case No. _____, as the same appears upon the records of said Court;
and I further certify, that I have carefully compared the foregoing copy with the original
record, and that the same is a full and correct transcript thereof.*

In Witness Whereof, *I have hereunto set my hand and affixed the
seal of said Court, at Hamilton, Ohio,
this _____ day of _____, _____.*

Judge

Deputy Clerk

STEP V

AFTER

ADJUDICATION

CHANGE

IN LEAST

RESTRICTIVE

SETTING

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

ENTRY CHANGING LEAST RESTRICTIVE SETTING

It appearing to the Court that facilities for the detention of _____,
respondent, are now available at the _____,
it is therefore ordered that _____, respondent, be
transferred from _____ to
_____,
to be detained at said hospital or out patient placement until the _____ day of _____, _____,
the date set for the next _____ hearing.

Judge/Magistrate

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

EX PARTE ORDER GRANTING MOTION FOR TRANSFER TO INPATIENT SETTING [R.C. 5122.15(L)]

Upon review of the motion to transfer to inpatient setting filed by the Butler County Mental Health and Addiction Recovery Services Board and the attached affidavit by _____

it appears that the respondent is in immediate need of treatment in an inpatient setting because the respondent represents a substantial risk of physical harm to the person or to others if allowed to remain in a less restrictive setting.

IT IS THEREFORE ORDERED that the transfer of the respondent to an inpatient setting at

_____ is hereby authorized.

This ex parte order has been issued on the basis of a prima facie case having been made by the Butler County Mental Health and Addiction Recovery Services Board. At the respondent's request, the court shall hold a hearing on the motion and make a determination regarding the proper placement of the respondent pursuant to division (E) of section 5122.15 of the Ohio Revised Code. The hearing shall be held within five days of the placement as a result of that hearing this ex parte order may be vacated, modified, or ratified.

Date

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NUMBER: _____

ORDER GRANTING MOTION FOR TRANSFER TO INPATIENT SETTING [R.C. 5122.15(L) or R.C. 5122.20; R.C. 5122.15(E)]

This matter came on for hearing on the _____ day of _____, _____ upon the motion of the Butler County Mental Health and Addiction Recovery Services Board for transfer to inpatient setting. All necessary parties are before the court.

The court finds that the respondent continues to be a mentally ill person subject to hospitalization by court order. The court finds further that the least restrictive setting for the treatment of the respondent consistent with treatment goals is placement in a hospital.

IT IS THEREFORE ORDERED that the motion for transfer to inpatient setting be and is hereby granted. The respondent shall be transferred immediately to _____

Date

Judge/Magistrate

STEP V

AFTER

ADJUDICATION

FORCED

MEDICATION

HEARING

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

ENTRY GRANTING MOTION FOR FORCED MEDICATION OR OTHER FORCED MEDICAL TREATMENT

On _____, this cause came on to be heard upon evidence presented. The Court finds by clear and convincing evidence that the Respondent is a mentally ill person subject to hospitalization. Further, this Court finds by clear and convincing evidence that the Respondent lacks the capacity to give or withhold informed consent, and that it is in the Respondent's best interest to take the medication as testified to at the hearing. Furthermore, this Court finds that all of the risks and benefits of the medication and/or treatment requested in the motion have been explained to the Respondent, that the benefits of the medication out weights the side effects, and no less intrusive treatment will be as effective in treating the Respondent's illness.

Therefore, the **motion is granted**.

IT IS ORDERED that _____ and Respondent's treating physicians are hereby authorized to administer psychotropic medications and/or forced treatment to the Respondent in accordance with the procedures and requirements set forth in O.A.C. 5122-2-13, using the lowest possible dose of psychotropic medications which will provide maximum therapeutic benefit to Respondent. O.A.C. 5122-2-13(F)(2).

IT IS FURTHER ORDERED that the treating physicians are authorized to administer forced treatment to the Respondent consisting of blood tests as indicated in the product labeling of the psychotropic medications requested during the hearing and/or other tests as indicated as part of good clinical practice to monitor adverse effects of the medication.

This **Order** shall **expire** on _____.

IT IS SO ORDERED.

Judge / Magistrate

A party shall not assign as error on appeal the Court's adoption of any factual findings or legal conclusion, whether or not specifically designated as a finding of fact or conclusion of law under Civ. R. 53(D)(3)(a)(ii), unless the party timely and specifically objects to that factual finding or legal conclusion as required by Civ. R. 53 (D)(3)(b). Civ. R. 53(D)(3)(a)(iii)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

NOTICE OF HEARING

TO THE FOLLOWING PERSONS:

Cassandra Kiesey, Esq. Butler County Mental Health & Addiction Recovery Services Board	Mr. Nick Schrantz Community Behavioral Health, Inc. 820 Martin Luther King Blvd. Hamilton, OH 45011
Disability Rights Ohio 50 W. Broad Street, Suite 1400 Columbus, OH 43214	

This matter is set for hearing before this Court on the _____ day of _____, _____

at _____ M. at _____

Witness my signature and the seal of said Court, this

_____ day of _____, _____

THIS NOTICE MAILED REGULAR
MAIL THIS DATE.

Judge/Magistrate

By: _____

Deputy Clerk

STEP V

AFTER

ADJUDICATION

RELEASE OF INFORMATION

FROM

CIVIL COMMITMENT FILE

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Respondent, Alleged To Be Mentally Ill

CASE NO. _____

APPLICATION FOR RELEASE OF INFORMATION FROM CIVIL COMMITMENT FILE

[R.C. 5122.31]

Now comes _____ and requests the Court to release to him/her the information in the Court's file in the above-captioned matter. In making such application, applicant affirms the following:

[If the respondent is living, check the appropriate boxes for the following statements.]

- ☐ I am the respondent in this case.
- ☐ I am the guardian of the respondent in this case. Filed with this application is a certified copy of my Letters of Guardianship.
- ☐ The respondent has agreed to the release of information to me. Filed with this application is his/her waiver of hearing and consent.
- ☐ The guardian of the respondent has agreed to the release of information to me. Filed with this application are the guardian's waiver of notice of hearing and consent and a certified copy of the Letters of Guardianship.
- ☐ The requested release of information is in the best interest of the respondent for the following reasons:

[If the respondent is deceased, check the appropriate boxes for the following statements. If respondent is deceased, a certified death certificate must be filed with this application.]

- ☐ I am the executor or administrator of the estate of the respondent. Filed with this application is a certified copy of my Letters of Authority. The information contained in respondent's civil commitment file is necessary to administer his/her estate.
- ☐ I was related to the respondent in the following manner:

- ☐ There are others, now living, who were as closely, or more closely related to the respondent. The names, addresses, and relationships of these persons are listed on Form 1.0, which is filed with this application.
- ☐ I have obtained waivers of notice of hearing and consents for release of information from
☐ none ☐ some ☐ all of those listed on Form 1.0. These waivers of notice and consents are filed with this application.

The reasons for my desiring the release of this confidential information are as follows:

Attorney signature

Applicant's signature

Typed or Printed Name

Typed or Printed Name

Street Address

Street Address

City State Zip Code

City City Zip Code

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Respondent, Alleged To Be Mentally Ill

CASE NO. _____

**WAIVER OF NOTICE AND
CONSENT TO RELEASE OF INFORMATION
FROM CIVIL COMMITMENT FILE**

I certify that I am: ☐ the respondent, ☐ the respondent's guardian, or ☐ a relative of the respondent, in the above-captioned matter. I hereby waive notice of the hearing in this matter, and I give my consent for the Court to release the information it has in its file on the above-named respondent to

_____ who has filed an Application for Release of Information in this matter.

Date

Signature

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Respondent, Alleged To Be Mentally Ill

CASE NO. _____

**ENTRY GRANTING RELEASE OF INFORMATION
FROM CIVIL COMMITMENT FILE**

The Court finds that all parties entitled to notice of hearing on this matter either have been duly notified, or have waived notice and consented to the release of information requested.

Upon hearing, the Court finds further that the release of this information is in the best interest of the respondent, if alive, or if the respondent is deceased, that there is other good cause for the release of information.

Therefore, IT IS ORDERED that all of the information contained in the Court's file in the above-captioned matter be made available to _____, the applicant.

Probate Judge

STEP VI

**CONTINUED
COMMITMENT**

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged To Be Mentally Ill

CASE NO. _____

CONTINUED COMMITMENT DECISION and ENTRY

On _____, this cause came on to be heard upon evidence presented.

The Court finds on the evidence that the Respondent, _____, was served with notice of this hearing on _____, and that other parties entitled to notice have either waived or been served notice of this hearing.

Upon clear and convincing evidence, the Court finds that the respondent is a mentally ill person subject to Court Order as defined by Section 5122.01(B). In particular, the Court finds that the Respondent is a mentally ill person and has a substantial disorder of thought, mood, perception, orientation and/or memory that grossly impairs the Respondent's judgment, behavior, capacity to recognize reality and/or ability to meet the ordinary demands of life. Furthermore, because of his or her illness the Respondent:

- ☐ Represents a substantial risk of physical harm to himself/herself 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, evidence of recent threats that place another in reasonable in 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 himself/herself as manifested by evidence that he/she is unable to provide for and is not providing for his/her basic physical needs because of his/her mental illness and that appropriate provisions for those needs cannot be made immediately available in the community; or
- ☐ Would benefit from treatment for his/her 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 himself/herself;

The facts set forth in Exhibit #1 – Psychiatric Evaluation, subject to the exceptions set forth herein, are adopted and incorporated by reference as additional findings of fact.

Furthermore, the Court finds that the least restrictive setting available for treatment consistent with the goals of the projected treatment plan is _____.

THEREFORE, IT IS ORDERED the respondent to:

- ☐ _____
- ☐ to community probate with the Butler County Mental Health and Addiction Recovery Services Board for a period of _____ days.

This order expires on _____. If an application for Continued Commitment is filed, the next hearing date is scheduled for _____.

SO ORDERED

Judge/Magistrate

"A referee appointed by the court may make all orders that a judge may make under this section and sections 5122.11 and 5122.141 of the Revised Code, except an order of contempt of court. The orders of a referee take effect immediately * * *"
[ORC 5122.15(J)]

"An order of the court under division (C), (H), or (J) of this section is a final order." [ORC 5122.15(K)]

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

JUDGEMENT ENTRY RESCHEDULING HEARING

IT IS HEREBY ORDERED that the Affidavit alleging _____ to be
mentally ill filed on _____ be rescheduled from _____
to _____ at _____

IT IS FURTHER ORDERED that notice of the rescheduled hearing be given by mail or otherwise
to all persons entitled to notice under the law of the State of Ohio who have not waived notice.

Judge/Magistrate

By: _____
Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

JOURNAL ENTRY SCHEDULING

AND ORDERING NOTICE

TO THE FOLLOWING PERSONS:

The Court schedules this matter for ☐ pretrial ☐ hearing before this Probate Court on the _____ day
of _____, _____ at _____

Cassandra Kiesey, Esq.
Butler County Mental Health Board
5963 Boymel Drive
Fairfield, OH 45014

Mr. Nick Schrantz
Community Behavioral Health, Inc.
820 Martin Luther King Blvd.
Hamilton, OH 45011

Witness my signature and the seal of said Court, this

_____ day of _____, _____

Judge

By:

Deputy Clerk

A copy of this Entry was provided to the persons listed above and to _____
by regular mail this _____ day of _____, _____

Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

Entry Granting Motion for Continuance

On _____, this cause came on for hearing concerning the alleged

Attorney for Respondent _____

Attorney for Board/State _____

Independent Expert _____

Treating Physician _____

Witnesses _____

Parties Not Testifying _____

Case to be continued in progress with all prior orders regarding above motion remaining in effect until:

For the following reasons:

Judge / Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF _____

Alleged to be Mentally Ill

CASE NO. _____

JUDGMENT ENTRY ORDER OF DISMISSAL

The Court finds that this matter should be dismissed for the following reasons:

☐ The conditions justifying involuntary commitment no longer exist and that respondent was discharged
on _____ pursuant to Section 5122.21 of the Revised Code.

☐ The statutory time requirement for a mandatory full hearing pursuant to Section 5122.15 of the Revised Code has not
been met.

☐ The conditions justifying involuntary commitment no longer exist and that respondent was admitted to
_____ as a voluntary patient pursuant to Section 5122.15(G)(1) on
the _____ day of _____, _____.

☐ The above named respondent is now deceased. Therefore, there is no longer a need of Court ordered probate status
through the Butler County Probate Court.

THE MATTER IS HEREBY DISMISSED

Judge / Magistrate

**WITNESS REGISTER
BUTLER COUNTY PROBATE COURT
RANDY T. ROGERS, JUDGE
MENTAL HEALTH HEARINGS**

Respondent's Name _____ **Case No.** _____

Hearing Date _____

Hearing Type _____

NAME	ADDRESS	RELATIONSHIP	TESTIFY?
(Please print your name)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____