

**GEAUGA COUNTY PROBATE COURT  
JUDGE TIMOTHY J. GRENDALL**

**CHECKLIST – INVOLUNTARY TREATMENT FOR ALCOHOL OR DRUG ABUSE**

These instructions are provided as a public service of the Geauga County Probate Court, are intended as a guideline only, and are not legal advice. Depending on the circumstances of each case, additional steps may be required that are not listed below. The clerks are not attorneys and therefore cannot answer legal questions or assist you in completing the forms or deciding which forms apply to your situation. The documents that you file must be typewritten or legibly handwritten, and completed in their entirety. The clerks may refuse for filing illegible or incomplete documents. The Court recommends that you obtain legal advice from your attorney or obtain assistance from the Court's Help Center before preparing and filing any forms. You may make an appointment with the Help Center by calling 440-226-7339. If you decide to proceed without assistance from your attorney or from the Court's Help Center, then you should read the following before taking any action:

- Information Sheet – Helping Challenged Adult
- R.C. 5119.90 through 5119.98.

**Pre-Filing Considerations** – regarding filing a petition to obtain a court order for involuntary medical treatment for a person suffering from alcohol or other drug abuse (the “Respondent”), before filing the Petition, consider the following:

- Who Can File. The person filing the petition (the “Petitioner”) must be a spouse, relative, or legal guardian of the Respondent.
- Identify Treatment Facility. Determine what medical facility can provide the treatment and obtain from that facility a signed Form 26.3 – Statement of Treatment. The Clerk maintains a list of such facilities that is provided by the Geauga County Board of Mental Health and Recovery Services.
- Physician’s Examination. Determine the physician who will examine the Respondent, arrange to have the examination occur not more than two days before filing the Petition, and obtain from that physician a signed Form 26.1 – Certificate of Physician.
  - If the Respondent refuses to allow such examination, then prepare Form 26.2 – Affidavit of Refusal.
- Arrange for Payment of Treatment Cost. Determine how the estimated cost of treatment (as shown on Form 26.3 – Statement of Treatment) will be paid and who will pay it. To the extent that those costs will not be paid by an insurance company, then have the person will agrees to pay the cost sign a Guarantee of Payment – i.e., the last page of Form 26.0 - Petition for Involuntary Treatment for Alcohol and Other Drug Abuse.
- Identify Interested Persons. To the extent possible, identify (i) the Respondent’s name, address, and current location; and (ii) the name and address of the Respondent’s (a) living parents, (b) legal guardian, if any; (c) spouse, if any; (d) legal custodian, if any, otherwise a near relative.

## Filing Requirements

1. Form 26.0 - Petition for Involuntary Treatment for Alcohol and Other Drug Abuse (the “Petition”)
2. Form 26.1 - Certificate of Physician
3. Form 26.2 – In the alternative to Form 26.1 – Certificate of Physician, if Respondent refuses to be examined by physician
4. Form 26.3 - Statement of Treatment
5. Estimated Treatment Cost Payment (See R.C. 5119.93(D)).
  - a. First - The Petitioner must submit with the Petition one of the following:
    - A security cost payment to the clerk that equals half of the estimated cost of treatment as shown on Form 26.3 – Statement of Treatment, or
    - Documentation that establishes that an insurance company will cover half of the estimated cost of treatment, or
    - Other evidence of payment that is satisfactory with the Court to ensure payment of the estimated cost of treatment.
  - b. Second - The Petitioner must submit with the Petition one of the following:
    - A guarantee of payment by the Petitioner or other person who qualifies for the payment of all examination costs, hearing costs, and treatment cost, or
    - Documentation that establishes that an insurance company will cover those costs, or
    - Documentation that establishes that the Petitioner or other person who qualifies will cover some of those costs.
6. **Petitioner Identification** – deliver to the Clerk Petitioner’s (1) government-issued photographic identification (e.g., a current driver’s license or passport), and (2) evidence of current mailing address (e.g., recent utility bill, bank statement account, property tax bill, voter registration card)
7. **Court Cost Deposit** - Arrange for payment of the court cost deposit. See the “Probate Court Costs” on the Court’s website. See additional note below regarding indigent applicant.