

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

CHECKLIST - RELEASE OF MEDICAL OR FINANCIAL RECORDS

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.

FOR MEDICAL RECORDS

Preparation

Review Geauga Probate Local Rule 78.22

Review R.C. 2113.032 and determine whether the applicant is eligible to be appointed as the special commissioner

Filing Requirements - Report of Receipt of Medical Records and Medical Billing Records

1. **Copy of Death Certificate** (redact social security number)
2. **Form 1.0 Surviving Spouse, Children, Next of Kin, Legatees and Devisees.**
3. **Form 29.0 - Application to Release of Medical Records and Medical Billing Records**
4. **Form 29.1 – Entry Authorizing Release of Medical Records and Medical Billing Records**
5. **Form GC PF 4.30 - Background Certification and Records Check** - only if not represented by an attorney.
6. **Identification** - If applicant is not represented by an attorney - see Geauga Probate Local Rule 78.10] (1) a 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. **Form 29.3 – Notice of Application to Release Medical Records and Medical Billing Records**
8. **If possible, Form 29.4 - Waiver of Notice / Consent**

9. **Deposit Copy of Will** - If applicant's eligibility to file Form 29.0 is based being name if decedent's will as executor, then file a copy of the decedent's Will with the Court.
10. **Court Cost Deposit** - arrange for payment of court cost deposit. See the "Probate Court Costs" on the Court's website. See additional note below regarding indigent applicant.

Additional Notes

- If not all persons listed in Form 1.0 have not signed Form 29.4, then the Clerk will serve (or may direct the Filer to serve and provide the Court with Proof of Service) those persons who did not sign Form 29.4 with (1) a copy of Form 29.0 and (2) Form 29.3, and the Court may determine to have a hearing on the application, not sooner than 10 Calendar Days after filing the Application.
- In notice by publication is required, then prepare and file GC Form "GC PF 62.0 Affidavit for Notice by Publication."
- Be sure to timely file Form 29.2 - Report on Receipt of Medical Records and Medical Billing Records." Moreover, if the report is not filed within six months after filing Form 29.0, then prepare and file with the Court as status report – see Geauga Probate Local Rule 78.22.
- Indigent. If the Filer is Indigent and prepares and files form GCPF 65.0 Financial Disclosure Affidavit together with the filing, then the Clerk will permit the filing without payment of the security deposit; provided however that if the Court disapproves that form, then the Filer must pay the security deposit no later than 30 Calendar Days after the court order of disapproval. (See Geauga Probate Local Rule 58.2(A)).

FOR FINANCIAL INFORMATION

Review Geauga Probate Local Rule 78.23

Filing Requirements - Release of Financial Information

1. **Form 1.0 Surviving Spouse, Children, Next of Kin, Legatees and Devisees.**
2. **Form GC PF 4.13 - Application to Release Financial Information**
3. **If possible, Form GC PF 4.14 - Waiver and Consent to Release of Financial Information**
4. **Form GC PF 4.30 - Background Certification and Records Check** - only if not represented by an attorney.
5. **Form GC PF 4.13A - Notice of Application to Release Financial Information**
6. **Copy of Death Certificate** (redact social security number)

7. **Identification** - If applicant is not represented by an attorney - see Geauga Probate Local Rule 78.10] (1) a 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).
8. **Court Cost Deposit** - arrange for payment of court cost deposit. See the "Probate Court Costs" on the Court's website. See additional note below regarding indigent applicant.

Additional Notes

- Be sure to timely file GC Form GC PF 4.14A - "Report of Findings of Financial Information," as per the court order.
- Indigent. If the Filer is Indigent and prepares and files form GCPF 65.0 Financial Disclosure Affidavit together with the filing, then the Clerk will permit the filing without payment of the security deposit; provided however that if the Court disapproves that form, then the Filer must pay the security deposit no later than 30 Calendar Days after the court order of disapproval. (See Geauga Probate Local Rule 58.2(A)).

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

ESTATE OF _____, DECEASED

Case No. _____

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
 LEGATEES AND DEVISEES**

[R.C. 2105.06, 2106.13 and 2107.19]

**[Use with those applications or filings requiring some or all of the
 information in this form, for notice or other purposes. Update as required]**

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children, if none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birth date of Minor
_____	_____	Surviving Spouse	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE - The Clerk will not accept for filing this Form 1.0 if (i) a surviving spouse and at least one lineal descendant or a minor child of decedent is listed above and (ii) one of the following boxes is NOT checked.

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Relationship to Decedent	Birth date of Minor

[Check whichever of the following is applicable]

- The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 TO 109.41.
- The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

_____ Date

_____ Applicant (or give other title)

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE FINANCIAL INFORMATION

Applicant states that _____ ("Decedent") died _____, 20__.

Decedent's residence was _____
(Street Address)

(City, Village, or Township) (County) (State) (Zip Code)

Applicant requests authority to obtain, from the financial institutions named below, only the following information regarding Decedent's (1) financial accounts: (a) the manner in which each of the accounts for the Decedent are titled, (b) the last four digits of the account number, and (c) the date of death value of the accounts; and (2) death benefits (e.g., life insurance, annuities, retirement accounts/plans): (a) the date of death value of the death benefit, and (b) the last four digits of the applicable policy/account number. Applicant makes this request for the sole purpose of pursuing an estate administration and states that no estate administration regarding the Decedent has been commenced. Attached is (i) Form 1.0 - "Surviving Spouse, Children, Next of Kin, Legatees and Devisees," (ii) Form GC PF 4.14 - "Waiver and Consent to Release Financial Information, and (iii) a copy of Decedent's death certificate. Applicant states that Applicant is either (1) an individual who is eligible to be appointed as a fiduciary of the Decedent's estate under Ohio law, or (2) all persons listed on Form 1.0 have consented to the appointment, and the Applicant submits to the court a valid government-issued photo identification.

Financial Institution

Address

Signature - Attorney for Applicant

Signature - Applicant

Type or print name

Type or print name

Street Address

Street Address

City State Zip

City State Zip

Phone Number (include area code)

Phone number (include area code)

Attorney Registration No. _____

Judgment Entry Magistrate's Decision

The Court, having considered this Application to Release Financial,

The Court finds that the Application is well taken and the appointment of the applicant as special commissioner to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file an application to administer Decedent's estate, a release of administration, or a summary release of administration is in the best interest of the Decedent's creditors, surviving spouse, beneficiaries, and next-of-kin.

The Court Orders That:

1. _____ ("Special Commissioner") is appointed to obtain certain of Decedent's financial information for the sole purpose of evaluating whether to file an application to administer Decedent's estate, a release of administration, or a summary release of administration.
2. Upon written request of the Special Commissioner, those financial institutions identified in the application are authorized to and shall promptly release and deliver to the Special Commissioner (1) a description of each financial asset, account, policy, contract titled in the Decedent's name and the manner of ownership, (2) the last four digits of the identification number for each of those assets, and (3) the date of death value of each of those assets.
3. The Special Commissioner shall (i) store such information in a safe and secure manner, (ii) maintain the confidentiality of such records, (iii) act in a fiduciary manner regarding Decedent's beneficiaries and next-of-kin, (iv) not disclose or otherwise distribute such information to any person or entity, excepting the attorney who signed the application or as otherwise required by applicable law or order of this Court, and (v) file a report of findings with the Court using Form CG PF - "4.13A - Report of Finding of Financial Information" no later than 30 Calendar Days after receipt of the financial information.

The Court denies this application.

Dated: _____

Judge / Magistrate

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

WAIVER AND CONSENT - RELEASE OF FINANCIAL INFORMATION

The undersigned waive notice of a hearing and consent to and approve the Application to Release Financial Information and the appointment of _____ as set forth in the Application.

Signatures

Type Name

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

ESTATE OF _____, DECEASED

CASE NO. _____

NOTICE OF APPLICATION TO RELEASE FINANCIAL INFORMATION

To the following persons:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

_____ has filed an application in this Court, seeking the release of the decedent's financial information for use in evaluating whether to commence a probate proceeding and the type of such proceeding.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Financial Information. The Court shall issue an order not earlier than 10 days after the transmission of this Notice.

The Application to Release Financial Information shall be heard before the Geauga County Probate Court, located at 231 Main Street Ste 200, Chardon, Ohio 44024, on the _____ day of _____, at _____ o'clock _____ M.

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

IN RE _____ [] Estate
CASE NO. _____ [] Conservatorship
[] Trust
[] Other _____

**BACKGROUND CERTIFICATION
AND
RECORD CHECK AUTHORIZATION**

(Select one)

- I certify that I have not been convicted of or plead guilty to a felony offense.
- I have been convicted of or plead guilty to a felony offense, which is explained below:
[Provide the court, court number, date of conviction or plea, and description of each offense]:

I *authorize and consent to* the Probate Court of Geauga County, Ohio (“the Court”) obtaining all criminal history and background information pertaining to me and appearing in the files of The Ohio Courts Network. This search is referred to as a “Records Check.” Upon request I will supply the Court with any personal information (e.g. social security number) to facilitate the Records Check.

By signing this document, I *authorize* the release of my criminal history and background information to the Court for a period that is the lesser of (1) a two-year period after the date I file this document with the Court, or (2) the date that my duties as a fiduciary in this matter terminate.

I understand that the Court will file this document and the background information received as a result of a Records Check, in the confidential portion of the Court’s case record for this matter as provided for under Sup. R. 44 and Sup. R. 45, and that this document and such information is not deemed to be a part of the case documents or the case administrative documents pertaining to this file. **This document and such information is not a public record.**

Date: _____

Print Full Name

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL**

ESTATE OF _____, DECEASED

CASE NO. _____

REPORT OF FINDINGS OF FINANCIAL INFORMATION

Now comes _____, who was authorized to receive certain financial information of the Decedent's financial accounts, and certifies that the following is all of the financial information that was received by the Special Commissioner:

Financial Institution	Type of Account	Acct. No. [last 4 digits]	DOD Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Signature of Special Commissioner

Typed or Printed Name

Address

City State Zip Code

Phone Number (Include Area Code)