

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

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.

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

ESTATE OF _____, DECEASED

CASE NO. _____

**APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING
RECORDS
[R.C. 2113.032]**

Now comes _____ the _____ of the
(Applicant's Name) (Relationship)

above named decedent who died on _____ and resided at:
_____ whose last four (4) digits of his/her social security number are _____, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

Applicant states the following:

- Applicant is an individual who is eligible to be appointed as a personal representative of the above-named decedent's estate under Ohio law; or
- Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Signature

Typed or Printed Name

Address

Phone Number

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

ESTATE OF _____, DECEASED

CASE NO. _____

JUDGEMENT ENTRY MAGISTRATE'S DECISION

**AUTHORIZING RELEASE OF MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above-named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

Judge / Magistrate

NOTICE: Pursuant to Civ. R. 53(D)(3)(a), a party may file written objections to the Magistrate's Decision within 14 days of filing of the decision. 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. (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).

JUDGMENT ENTRY ADOPTING MAGISTRATE'S DECISION

The Court, upon independent review of the record, finds the Magistrate's Decision to be well taken. The Court has reviewed the Decision for any errors pursuant to Civ. Rule 53 and hereby adopts the Magistrate's Decision as an Order of this Court. The Magistrate's Decision is hereby incorporated into the Entry by reference.

Date: _____

Judge Timothy J. Grendell

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

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

An application to administer decedent's estate will not be filed.

An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.

Signature

Typed or Printed Name

Address

Phone Number



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

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

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 medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

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

The Application to Release Medical Records and Medical Billing Records 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