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

IN THE INTEREST OF _____

CASE NO. _____

PETITION FOR INVOLUNTARY TREATMENT FOR ALCOHOL AND OTHER DRUG ABUSE
(R.C. 5119.93)

Petitioner's relationship to the Respondent is: _____

1. Respondent's Name: _____, and if known

   Address: _____ Current Location: _____

2. If living and if known, name and residence of Respondent's Parents:

   Name: _____ Address: _____

3. If any and if known, name and residence of Respondent's legal guardian:

   Name: _____ Address: _____

4. If any and if known, name and residence of Respondent's spouse:

   Name: _____ Address: _____

5. If any and if known, name and residence of Custodian, or if none, then nearest relative of Respondent:

   Name: _____ Address: _____

6. The Petitioner's belief, including the factual basis for the belief, that the Respondent is suffering from alcohol and other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others if not treated for alcohol or other drug abuse is described below:

7. If the Petitioner's belief specified above is that the Respondent is suffering from opioid or opiate abuse, then the evidence that the Respondent has overdosed and has been revived one or more times by an opioid antagonist, overdosed in a vehicle, or overdosed in the presence of a minor is the following:

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8. Check one of the following:

☐ Certificate of Physician is attached.

☐ Respondent has refused all requests made by me, the Petitioner, to undergo a physician's examination and an Affidavit of Refusal of Examination is attached.

9. Petitioner has arranged for treatment of Respondent.

10. Check one of the following:

☐ Petitioner deposits with the Clerk a security deposit that will cover half of the estimated cost of treatment of the Respondent; or

☐ Petitioner deposits with the Clerk documentation establishing that insurance coverage of the Petitioner or Respondent will cover at least half of the estimated cost of treatment of the Respondent; or

☐ Petitioner deposits with the Clerk other evidence to the satisfaction of the court establishing that the Petitioner or Respondent will be able to cover some of the estimated cost of treatment of the respondent.

11. Check one of the following:

☐ Petitioner deposits with the Clerk a guarantee that conforms to the requirement of R.C. 5119.93(D)(2)(a); or

☐ Petitioner deposits with the Clerk documentation establishing that insurance coverage of the Petitioner or Respondent will cover the costs described in R.C. 5119.93(D)(2)(a); or

☐ Petitioner deposits with the Clerk documentation that, consistent with the evidence described in R.C. 5119.93(D)(1)(c), the Petitioner or Respondent will cover some of the costs described in R.C. 5119.93(D)(2)(a).

_____
Signature of Attorney

_____
Print Name of Attorney

Address: _____

Phone: _____

Attorney Reg. No. _____

_____
Signature of Petitioner

_____
Print Name of Petitioner

Address: _____

Phone: _____

Signed and acknowledge in my presence by _____ this ___ day of _____, 20___.

_____
Notary Public

CASE NO. _____

GUARANTEE OF PAYMENT

(R.C. 5119.93(D)(2)(a))

Pursuant to R.C. 5119.93(D)(2)(a), either the Petitioner or other authorized person (spouse, relative or guardian) guarantees to pay the costs: (1) of the examinations of the Respondent conducted by the physician and qualified health professional under R.C. 5119.94(B)(5); (2) of the Respondent that are associated with a hearing conducted in accordance with R.C. 5119.94; and (3) that the court determines to be appropriate, and the costs of any treatment ordered by the court.

By my signature below, I assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of Respondent for all alcohol and other drug abuse treatment, including, but not limited to, initial examination and transportation costs, as ordered by the court.

_____ _____

Signature Date

_____

Name (Please Print)

_____

Relationship to Respondent (Petitioner, Spouse, Relative or Guardian)

_____

Complete Billing Address

Sworn before me and signed by _____ in my presence on the ___ day of _____, 20___.

_____

Notary Public