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

IN THE INTEREST OF _____

CASE NO. _____

STATEMENT OF TREATMENT
(R.C. 5119.93(C)(2))

_____ hereby agrees to provide the
Name of Treatment Provider

appropriate treatment for _____.
Name of Respondent

_____
Name of Treatment Provider

_____
Full Address of Treatment Provider (Street, City, State & Zip Code)

_____
Name of Contact Person at Treatment Provider

_____
Telephone Number for Treatment Provider | Fax Number for Treatment Provider

$ _____
Estimated Time for Treatment Provider | Estimated Cost of Treatment

_____ _____, 20___
Signature of Authorizing Agent at Treatment Provider | Date

_____
Printed Name of Authorizing Agent at Treatment Provider