

PROBATE COURT OF STARK COUNTY, OHIO
DIXIE PARK, JUDGE

IN THE MATTER OF _____, ALLEGED TO BE MENTALLY ILL

CASE NO. _____

AFFIDAVIT OF MENTAL ILLNESS

R.C. 5122.02 AND 5122.11

_____, the undersigned, residing at

_____ says that he/she has

information to believe or has actual knowledge that _____

(Please specify specific category(ies) below with an X.)

- ☐ Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- ☐ Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm or other evidence of present dangerousness;
- ☐ Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;
- ☐ Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person;
- ☐ Would benefit from treatment as manifested by evidence of ALL of the following:
 - (a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.
 - (b) The person has history of lack of compliance with treatment for mental illness and at least one of the following applies:
 - (i) At least twice within the thirty-six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six month period.
 - (ii) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight month period.
 - (c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary treatment.
 - (d) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

_____ further says that the facts supporting this belief are as follows:

these facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

Name of Patient's Last Physician or Licensed Clinical Psychologist: _____

Address of Patient's Last Physician or Licensed Clinical Psychologist: _____

The name and address of respondent's legal guardian, spouse and adult next of kin are:

| Name | Kinship | Address |
|------|-------------------|---------|
| | Legal Guardian | |
| | Spouse | |
| | Adult Next of Kin | |
| | Adult Next of Kin | |

The following constitutes additional information that may be necessary for the purpose of determining residence:

Dated this _____ day of _____, 201_____.

Signature of the Party Filing the Affidavit

Sworn to before me and signed in my presence on the day and year above dated.

Probate Judge

Deputy Clerk

WAIVER

I, the undersigned party filing the affidavit, hereby waive the issuing and service of notice of the hearing on said affidavit and voluntarily enter my appearance herein.

Dated this _____ day of _____, 201_____.



CERTIFICATE OF EXAMINATION

IN ACCORDANCE WITH
SECTION 5122.11 ORC

| | | | | | |
|--|-----|-----|------|---------------|----------------|
| Person's Name | Age | Sex | Race | Date of Birth | Place of Birth |
| Person's Address (street, city, state, zip code) | | | | | County |

The undersigned certifies that he/she/they is/are a psychiatrist or a licensed clinical psychologist and a licensed physician (underline as appropriate) of the State of Ohio, and that the following are facts relating to the examination of the above named person.

I further certify that I have with care and diligence personally observed and examined the named person on the _____ day of _____ in the year _____ AD.

That said person was examined at (state place) _____ and as a result of such examination, I believe said person _____ (enter IS or IS NOT as applicable) mentally ill and subject to hospitalization by court order.

REMARKS: Please report your findings which support your recommendations for admission. Please indicate any physical or mental condition demanding the immediate attention of the admitting hospital (i.e., withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information examining physician considers important). Use reverse side if necessary.

| | |
|----------------|----|
| Name and Title | MD |
| Address | |
| License No. | |

| |
|----------------|
| Name and Title |
| Address |
| License No. |

Signed in the presence of _____ this _____ day of _____ in the year _____ AD.

The undersigned certifies, under oath, that the person has refused to submit to an examination by a psychiatrist, or by a licensed clinical psychologist and licensed physician.

| |
|-------------|
| Name |
| Address |
| License No. |

Signed in the presence of _____ this _____ day of _____ in the year _____ AD.