

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF EXAMINATION
[R.C. 5119.93(C)(1)]

I, _____, Petitioner, filed in this Court a
Petition on _____ alleging that _____,
Respondent, is a person in need of substance abuse treatment by Court Order.

Respondent has refused all requests made by me, the Petitioner, to undergo a
physician's examination concerning the possible need for substance abuse treatment.

Petitioner's Printed Name

Petitioner's Signature

Sworn to and signed in my presence on _____ day of _____, 20_____.

Notary Public