

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

CASE NO. \_\_\_\_\_

**NOTICE TO RESPONDENT AND EMERGENCY ORDER  
TO REPORT TO HOSPITAL**  
[R.C. 5119.95]

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby notified that on \_\_\_\_\_, \_\_\_\_\_ filed in this Court a Petition alleging that \_\_\_\_\_ is a person in need of involuntary treatment for alcohol and/or other drug abuse by Court Order.

The Court has received a certification from a qualified health professional that \_\_\_\_\_ suffers from alcohol and other drug abuse and presents an imminent danger or imminent threat of danger to self, family, or others as a result of alcohol and other drug abuse.

By clear and convincing evidence, the Court finds that \_\_\_\_\_ presents an imminent danger or threat of danger to self, family, or others as a result of alcohol and other drug abuse and hereby orders that \_\_\_\_\_ be hospitalized immediately at the following hospital:

Place: \_\_\_\_\_,

\_\_\_\_\_ is to be held at the hospital until:

Date: \_\_\_\_\_, Time: \_\_\_\_\_, or

The time of the Hearing.

The Petition is set for a Hearing before this Court at:

Place: \_\_\_\_\_ County Probate Court, \_\_\_\_\_,

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

You are hereby notified that you have the following rights:

- You may retain counsel. If you are indigent, you may be represented by Court-appointed counsel upon request.
- You have the right to obtain an independent expert evaluation for the purpose of a physical examination for a drug and alcohol addiction assessment at your own expense.
- Upon reporting to the hospital, you may make a reasonable number of phone calls or use other reasonable means to:

contact an attorney, a licensed physician, or a qualified health professional,

contact any other person or persons to secure representation by counsel or to obtain medical or psychological assistance.

You will also be provided with assistance in making calls if the assistance is needed or requested.

Attached is a copy of the Petition and the Certification by the qualified health professional.

\_\_\_\_\_  
Judge

**RETURN OF SERVICE**

I delivered an original Notice to Respondent and a copy of the Petition that was filed in this Court to the above-named Respondent.

\_\_\_\_\_  
Process Server

\_\_\_\_\_  
Date Served