

**PROBATE COURT OF MEDINA COUNTY, OHIO**  
**Kevin W. Dunn, Judge**

**IN THE MATTER OF** \_\_\_\_\_

**Case No.** \_\_\_\_\_

**AFFIDAVIT of Mental Illness**

R.C. §5122.111

\_\_\_\_\_ 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 of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such 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; or
- Would benefit from treatment as manifested by evidence of behavior that indicates 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 other mental health unit of a correctional facility, provided that the thirty-six month period shall be 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 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.

The undersigned represents a trial court or a prosecutor who, as described in division (B)(1)(a)(v)(I) of section 2945.38 of the Revised Code, is alleging that the above said person is a mentally ill person subject to court order:

Yes  No (please specify with an X) If Yes, please specify the name and address of the trial court or prosecutor:

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	
	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 \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Signature of the Party Filing the Affidavit

**PROBATE COURT OF MEDINA COUNTY, OHIO**  
**Kevin W. Dunn, Judge**

**CASE HISTORY OF MENTAL ILLNESS**

IN THE MATTER OF \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Case No. \_\_\_\_\_

1. Full name of patient \_\_\_\_\_
2. Address \_\_\_\_\_
3. Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Place \_\_\_\_\_
4. Race \_\_\_\_\_ Sex  Male  Female Marital Status  Single  Married  Separated  Divorced  Widowed
5. Occupation \_\_\_\_\_  
When and where last employed \_\_\_\_\_
6. Who is responsible for the cost of hospitalization? \_\_\_\_\_
7. Name and full address of person to whom correspondence is to be directed \_\_\_\_\_ Relationship \_\_\_\_\_
8. Guardian: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_
9. Name and address of family physician \_\_\_\_\_
10. Is patient eligible for veteran's benefits?  No  Yes
11. Is patient a dependent or spouse of a deceased veteran?  No  Yes - Please state name and SSN of veteran \_\_\_\_\_
12. How long have you known this person? \_\_\_\_\_
13. State what leads you to believe this person is mentally ill \_\_\_\_\_
  
14. When was the first sign of mental illness observed by you? \_\_\_\_\_
15. Are there any legal charges pending on patient, or behaviors that could result in legal proceedings?  No  Yes  
If yes, explain \_\_\_\_\_
16. Was this person previously stable and well adjusted?  No  Yes
17. Number of previous attacks of mental disorder \_\_\_\_\_
18. Has this person been a patient in any hospital, private or public, for the mentally ill, or any other institution?  No  Yes  
If yes, state where and how long \_\_\_\_\_
19. Has this person suffered serious physical injury? (Particularly to the head)  No  Yes  
If yes, explain \_\_\_\_\_
20. Has this person suffered any great traumatic incidences or recent stress?  No  Yes  
If yes, explain \_\_\_\_\_
21. Has this person required feeding, seclusion or restraint?  No  Yes  
If yes, explain \_\_\_\_\_
22. Has this person been addicted to the use of alcohol or drugs?  No  Yes  
If yes, explain \_\_\_\_\_
23. Is this person  Paralytic  Bedridden  Untidy  Violent  Destructive  Excited  Depressed  Homicidal  Suicidal  
If any of the above are true, explain \_\_\_\_\_
24. Does this person have any physical defect or deformity?  No  Yes  
If yes, explain \_\_\_\_\_
25. Does this patient have any medical illness for which ongoing medication and monitoring is required?  No  Yes  
If yes, explain \_\_\_\_\_
26. Is the patient following doctor's instructions for treatment?  No  Yes  
List problems \_\_\_\_\_

Additional Comments:

**This information is believed to be true to the best of my knowledge.**

Affiant \_\_\_\_\_ Phone \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Phone \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Phone \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Affiant

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**PROBATE COURT OF MEDINA COUNTY, OHIO**  
**Kevin W. Dunn, Judge**

**AFFIDAVIT (Mental Illness)**

In accordance with O.R.C. §5122.02 and 5122.11

IN THE MATTER OF \_\_\_\_\_

Case No.

**SPECIAL PICKUP INFORMATION**

Age: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_

Eyes (color): \_\_\_\_\_

Weight: \_\_\_\_\_

Hair (color): \_\_\_\_\_

S.S.N.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Location of Patient: \_\_\_\_\_

Transport to: \_\_\_\_\_

	Yes	No	Unknown
	(Explain below)		
Weapons available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likely to resist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicapped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past history of mental illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Past criminal record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible dangerous situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contagious disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: