

PROBATE COURT OF HURON COUNTY, OHIO

TIMOTHY L. CARDWELL, 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 Estimated Cost of Treatment

_____ Signature of Authorizing Agent at Treatment Provider Date

Printed Name of Authorizing Agent at Treatment Provider