PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

IN THE INTEREST OF: _____

CASE NO. _____

CERTIFICATE OF PHYSICIAN

[R.C. 5119.92 and 5119.93(C)(1)]

Affiant states that he/she is a Physician as defined in Chapter 4731 of the Ohio Revised Code.

Affiant states that he/she examined the above named Respondent on: _____
and based on that examination, in his/her professional opinion, the Respondent:

☐does ☐ does not suffer from alcohol and/or drug abuse

☐does ☐ does not present an imminent danger or imminent threat of danger to self, family, or others if not treated

☐ does ☐ does not present a substantial likelihood of such a threat in the near future; and

☐ can ☐ cannot reasonably benefit from treatment

The facts that support Affiant's belief that Respondent does suffer from alcohol and/or drug abuse and the need for treatment:

_____

_____

_____

_____

_____

_____

_____

Type of Treatment: ☐ Inpatient ☐ Outpatient

Length of Treatment: _____

[Reverse of Form 26.1]

CASE NO. _____

Affiant further certifies that he/she knows that the following treatment facilities are willing and able to provide the recommended treatment:

_____
Name of Treatment Provider

_____
Telephone Number of Treatment Provider

_____
Name of Treatment Provider

_____
Telephone Number of Treatment Provider

_____
Name of Treatment Provider

_____
Telephone Number of Treatment Provider

_____
Physician's Signature

_____
Name and Title of Physician (Please Print)

_____
Telephone Number of Physician

_____
License Number of Physician