

**PROBATE COURT OF HURON COUNTY, OHIO
TIMOTHY L. CARDWELL, JUDGE**

ESTATE OF _____, DECEASED
CASE NO. _____

**APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

Now comes _____ the _____ of the
(Applicant's Name) (Relationship)
above named decedent who died on _____ and resided at
_____ whose last four (4) digits of
his/her social security number are _____, and hereby requests authority
to obtain information regarding decedent's medical records and medical billing
records for the purpose of evaluating a potential wrongful death, personal injury, or
survivorship action on behalf of the decedent.

Applicant states the following:

- Applicant is an individual who is eligible to be appointed as a personal representative of the above named decedent's estate under Ohio law; or
- Applicant is named as executor in the above named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Attorney for Applicant

Signature of Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip Code

City State Zip Code

Phone Number

Phone Number