

**PROBATE COURT OF HURON COUNTY, OHIO  
TIMOTHY L. CARDWELL, 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: \_\_\_\_\_

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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