

IN THE COMMON PLEAS COURT OF ERIE COUNTY, OHIO
PROBATE DIVISION

In the Matter of

Case No. _____

Alleged to be Mentally Ill

AFFIDAVIT OF MENTAL ILLNESS
R.C. 5122.111

_____, the undersigned, residing at _____ says (s)he 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 evident 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 or 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:

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

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:

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 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 party filing the affidavit