

PROBATE COURT OF _____ COUNTY, OHIO
_____, 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