

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF MENTAL ILLNESS

[R.C.5122.11]

The State of Ohio, Franklin County, s.s.

_____ the undersigned, residing at _____

_____ says that he/she has information to believe, or has actual knowledge that _____, a resident of Franklin County is mentally ill, and because of the person's illness:

- Represents a substantial risk of physical harm to self as manifested by evidence 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, 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 that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- Would benefit from treatment in a hospital for his 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 himself.

_____ further says that the facts supporting this belief are as follows:

(be specific with facts substantiating diagnosis) _____

These facts being sufficient to indicate probable cause that the above person is a mentally ill person subject to hospitalization by Court order.

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The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name	Kinship	Address
	Legal Guardian	
	Spouse	
	Adult Next of Kin	
	Adult Next of Kin	

Affiant

Sworn to before me and signed in my presence this _____ day of _____.

Deputy Clerk/Notary Public

WAIVER

I, the undersigned affiant, hereby waive the issuing and service of Notice of the Hearing on this Affidavit, and voluntarily enter my appearance herein.

Date

Affiant