

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF MENTAL RETARDATION

[R.C.5123.71]

The State of Ohio, Franklin County s.s.

_____ the undersigned, residing at _____

_____ says that they have information or actual knowledge to believe that the respondent is a person with mental retardation who resides or is institutionalized at _____, Franklin County, Ohio, and that the person is subject to involuntary institutionalization by court order, pursuant to R.C. 5123.71 as defined by R.C. 5123.01(L). This allegation is that the above respondent is a:

“Mentally retarded person subject to institutionalization by court order” who is a person age eighteen or older, is at least moderately mentally retarded and, because of their retardation, the following condition(s) exist:

- (1) The person represents a very substantial of physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his most basic physical needs and that provision for such needs is not available in the community;
- (2) The person needs and is susceptible to significant habilitation in an institution.

In addition, affiant provides the following factual grounds for the belief that the respondent is subject to institutionalization by court order _____

Attached hereto is either a comprehensive evaluation report including a statement by the evaluation team that they have performed a comprehensive examination of the person and that they are of the opinion that the person has mental retardation and is subject to institutionalization by court order, or a written and sworn statement that the person or that the guardian of a minor or adjudicated incompetent person has refused to allow a comprehensive evaluation.

CASE NO. _____

The name and address of respondent's legal guardian, if any, is: _____

The identification of the adult next of kin of the respondent follows:

NAME	ADDRESS	KINSHIP	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

That the following constitutes additional information that may be necessary for the purpose of determining residence: _____

Dated this _____ day of _____, 20_____.

Affiant

Sworn to before me and signed in my presence on the day and year above dated.

JUDGE/MAGISTRATE
Franklin County Probate Court

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