

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

PETITION FOR EMERGENCY PROTECTIVE SERVICES
[R.C. 5101.69]

1. Petitioner, _____, is an authorized provider of adult protective services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above named Adult is in need of protective services.

2. The Adult, _____, residing at _____ is _____ years of age, with a date of birth of _____, is alleged to be an incapacitated person and an emergency exists.

3. The specific facts alleging the nature of the emergency are:

4. The proposed emergency protective services including placement, if applicable, are:

5. The Adult and the following persons are required to receive notice 24 hours prior to the hearing pursuant to R.C. 5101.69:

| Name | Address | Relationship to Adult |
|-------|---------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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6. (Complete if applicable) Petitioner requests a waiver of the 24 hour notice requirement because:

a.) Immediate and irreparable physical harm to the Adult or others will result from the 24 hour delay. Explain: _____

and

b.) Reasonable attempts have been made to notify the above listed individuals, if any, if their whereabouts are known. Explain: _____

7. The Adult has not consented and there is no person authorized by law or court order available or willing to give consent to the emergency protective services.

WHEREFORE, the Petitioner requests the Court to authorize the implementation of the proposed emergency protective services and for such other relief as may be equitable.

_____ County Department of Job and Family Services

Attorney

By: _____

Address

Title

Address

Phone Number (including area code)

Registration No.

Phone Number (including area code)

E-mail

E-mail