

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF \_\_\_\_\_, AN ADULT

CASE NO. \_\_\_\_\_

**NOTICE OF PETITION FOR COURT ORDERED  
PROTECTIVE SERVICES ON AN EMERGENCY BASIS**  
[R.C. 5101.69]

TO: \_\_\_\_\_  
Name of Adult, spouse, if any, if no spouse, adult children or next of kin, and guardian, if any, if their whereabouts are known.

You are hereby notified that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the \_\_\_\_\_ County Department of Job and Family Services filed a Petition for Court Ordered Protective Services to be provided for the above named Adult without the Adult's consent on the grounds that an emergency exists and that the Department has been unable to obtain the consent of the Adult for protective services to be given. A copy of the petition is attached hereto.

The Petition has been set for hearing in the \_\_\_\_\_ County Probate Court. \_\_\_\_\_, Ohio located at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_M. The Adult may appear at the hearing, may present, examine, and cross-examine witnesses, and present evidence to contest the petition. The Adult is entitled to be represented by an attorney and, if found to be indigent, the Adult may request an attorney to be appointed without cost.

Witness my signature and the seal of the Court  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

CASE NO. \_\_\_\_\_

The State of Ohio, \_\_\_\_\_ County Probate Court

I hereby certify that I caused a copy of the within notice to be mailed, by certified mail, to the last known address of

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_, Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

**RETURN**

\_\_\_\_\_ County, Ohio

\_\_\_\_\_

Received this notice on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_M., and on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served the same by delivering a true copy thereof personally to \_\_\_\_\_

\_\_\_\_\_

_____	
FEES	
_____	
Service and return, 1 <sup>st</sup> name, \$	_____
_____ Additional names, at \$	_____
_____ Miles traveled, at \$	_____
_____ \$	_____
Total \$	_____
_____	

_____	
Sheriff	
_____	
Deputy Sheriff/Process Server	
_____	
Name	
_____	
Title	
_____	