

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**LAWRENCE A. BELSKIS, JUDGE**

IN THE MATTER OF \_\_\_\_\_

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

**APPLICATION TO AUTHORIZE**

Pursuant to R.C. 5122.271 and/or R.C. 2101.24, the undersigned says that he has information to believe or has actual knowledge that \_\_\_\_\_

is in need of \_\_\_\_\_

and is  physically  mentally unable to receive information required to enable him to give fully informed intelligent and knowing consent to the following procedure: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As shown in Attachment A, the undersigned further states that said procedures are necessary to protect the general health and well-being of the above named person and asks that the Court authorize the above procedures.

The undersigned further states that this Court has jurisdiction to hear this matter pursuant to R.C. 5122.271 and/or R.C. 2101.24.

The undersigned further states that there is no guardian available to consent and that he has attached the opinion of the chief medical officer or attending physician and a concurring opinion by a licensed physician.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Concurring Opinion



IN THE MATTER OF \_\_\_\_\_

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

3. Describe the specific treatment regimen, including a specific medication(s) you are seeking authority to implement.

4. The nature, degree, duration, and probability of side effects and/or significant risk.

IN THE MATTER OF \_\_\_\_\_

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

5. A reasonable alternative treatment and reasons why the proposed treatment is recommended.

\_\_\_\_\_  
Applicant (Chief Clinical Officer if Application is for surgery)      Date

\_\_\_\_\_  
Treating Physician      Date