

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF: _____, AN ADULT

CASE NO. _____

**NOTICE OF HEARING ON PETITION FOR TEMPORARY RESTRAINING ORDER TO
PREVENT INTERFERENCE WITH THE PROVISION OF SERVICES**

[R.C. 5101.68]

TO: _____

(Name of Person interfering with the provision of services)

(Address)

The above captioned Adult has consented to the provision of adult protective services pursuant to Chapter 5101. of the Revised Code.

You are hereby notified that a Petition for Temporary Restraining Order to Prevent Interference with the Provision of Services was filed with this Court pursuant to R.C. 5101.68. It is alleged in the Petition that you are interfering with the provision of protective services for the Adult, and that a temporary restraining order should be issued against you to prevent your interference. A copy of the Petition is attached hereto.

The Petition for Temporary Restraining Order to Prevent Interference with the Provision of Services shall be heard in the Butler County Probate Court, located at the Butler County Courthouse, 101 High Street, Second Floor Hamilton, Ohio on the _____ day of _____, _____ at _____ o'clock AM/PM. You or any interested person is permitted to attend this hearing and give testimony or present other evidence as to why the petition for restraining order should or should not be granted.

WITNESS my signature and seal of said Court,
this _____ day of _____, _____

Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

The State of Ohio, Butler 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 _____

John M. Holcomb, Probate Judge

By: _____
Deputy Clerk

RETURN

Butler County, Ohio

_____ , _____

Received this notice on the _____ day of _____ , _____ at _____ o'clock AM/PM , and on the _____ day of _____ , _____ , I served the same by delivering a true copy thereof personally to _____

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

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