

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

Alleged To Be Mentally Ill

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

## CERTIFICATE OF EXAMINATION

[In Accordance With R.C. 5122.11]

Person's Name	Age	Sex	Race	Marital Status	Date of Birth	Social Security Number
Person's Address (street, city, county, state and zip code)						

The undersigned certifies that he/she/they is/are a psychiatrist or a licensed clinical psychologist and a licensed physician (**underline as appropriate**) of the State of Ohio, and that the following are facts relating to the examination of the above named person.

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I further certify that I have with care and diligence personally observed and examined the named person on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ AD

That said person was examined at \_\_\_\_\_  
(State place of examination)

and as a result of such examination, I believe said person  is  is not mentally ill and subject to hospitalization by Court order.

REMARKS - Please report your findings which support your recommendations for admission. Please indicate any physical or mental condition demanding the immediate attention of the admitting hospital. (i.e. withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information examining physician considers important) Continue on reverse side if necessary.

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