

PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE

IN THE INTEREST OF: \_\_\_\_\_

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

STATEMENT OF TREATMENT  
[R.C. 5119.93(C)(2)]

\_\_\_\_\_ hereby agrees to provide the appropriate  
Name of Treatment Provider

treatment for \_\_\_\_\_.  
Name of Respondent

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Full Address of Treatment Provider (Street, City, State & Zip Code)

\_\_\_\_\_  
Name of Contact Person at Treatment Provider

\_\_\_\_\_  
Telephone Number for Treatment Provider

\_\_\_\_\_  
Fax Number for Treatment Provider

\_\_\_\_\_  
Estimated Time for Treatment

\_\_\_\_\_  
Estimated Cost of Treatment

\_\_\_\_\_  
Signature of Authorizing Agent at Treatment Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Agent at Treatment Provider