



## Ohio Revised Code Section 5122.111 Affidavit of mental illness.

Effective: March 23, 2015

Legislation: House Bill 247 - 130th General Assembly

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To initiate proceedings for court-ordered treatment of a person under section 5122.11 of the Revised Code, a person or persons shall file an affidavit with the probate court that is identical in form and content to the following:

### AFFIDAVIT OF MENTAL ILLNESS

The State of Ohio

\_\_\_\_\_ County, ss.

\_\_\_\_\_ Court

\_\_\_\_\_ the undersigned,  
residing at

\_\_\_\_\_ says, that he/she has  
information to believe or has actual knowledge that

\_\_\_\_\_ - (Please specify  
specific category(ies) below with an X.)

Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm or other evidence of present dangerousness;



Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community;

Would benefit from treatment for mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person; or

Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:

(a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.

(b) The person has a history of lack of compliance with treatment for mental illness and one of the following applies:

(i) At least twice within the thirty-six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six-month period.

(ii) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight-month period.

(c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary



treatment.

(d) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

\_\_\_\_\_

(Name of the party filing the affidavit) further says that the facts supporting this belief are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

Name of Patient's Last Physician or Licensed Clinical Psychologist

\_\_\_\_\_ Address of Patient's

Last Physician or Licensed Clinical Psychologist

\_\_\_\_\_  
\_\_\_\_\_

The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name Kinship Address \_\_\_\_\_ Legal Guardian \_\_\_\_\_ - \_\_\_\_\_ Spouse  
\_\_\_\_\_ - \_\_\_\_\_ Adult Next of Kin \_\_\_\_\_ - \_\_\_\_\_  
Adult Next of Kin \_\_\_\_\_ - \_\_\_\_\_

The following constitutes additional information that may be necessary for the purpose of



determining residence:

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Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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Signature of the party filing - the affidavit

Sworn to before me and signed in my presence on the day and year above dated.

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Signature of Probate Judge, - Deputy Clerk, or Notary - Public

**WAIVER**

I, the undersigned party filing the affidavit hereby waive the issuing and service of notice of the hearing on said affidavit, and voluntarily enter my appearance herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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- Signature of the party filing - the affidavit