

IN THE PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE MARK BELINKY

AFFIDAVIT AND PETITION FOR COMMITMENT OF A PERSON  
ALLEGED TO BE MENTALLY ILL

[R.C. Chapter 5122]

IN RE:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Case Number

The State of Ohio, Mahoning County, s.s.:

\_\_\_\_\_ the undersigned, residing at \_\_\_\_\_  
\_\_\_\_\_, says that he/she has information to believe, or has actual knowledge  
that \_\_\_\_\_, a resident of \_\_\_\_\_ County is mentally  
ill and subject to hospitalization by Order of the Court in that he/she: \*

\_\_\_\_\_ 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 that the person is unable to provide for and is not providing  
for the person's basic physical needs because of the person's mental illness and that  
appropriate provision for those needs cannot be made immediately available in the  
community; or

\_\_\_\_\_ Would benefit from treatment in a hospital for his 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 himself [R.C. §5122.01 (B)].

\* (Specify the appropriate category or categories above with an X).

\_\_\_\_\_ further says that the facts supporting this belief are as  
follows:

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

And that such facts are sufficient to indicate probable cause to believe that the above  
person is a mentally ill person subject to hospitalization by Court Order.



CASE NO: \_\_\_\_\_

That the name and address of Respondent's legal guardian, spouse and adult next-of-kin are as follows, if applicable (attach a supplemental sheet; if necessary):

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If the patient was involuntarily admitted under an emergency hospitalization (*i.e.* "pink slip," per O.R.C. §5122.10), provide the date of admission. \_\_\_\_\_

If the patient was admitted voluntarily and then later requested release, provide the date upon which the discharge was requested or demanded. \_\_\_\_\_

Further Affiant/Petitioner sayeth naught.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant/Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Full Address (No. P. O. Boxes)

\_\_\_\_\_  
City State Zip Area Code/Phone

Sworn to before me and signed in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public

RESPONDENT'S PHYSICAL DESCRIPTION:

MALE /  FEMALE

AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

OTHER: \_\_\_\_\_