

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF _____, AN ADULT

CASE NO. _____

NOTICE OF PETITION FOR COURT ORDERED
PROTECTIVE SERVICES ON AN EMERGENCY BASIS

[R.C. 5101.70]

TO: _____
Name of Adult, spouse, if any, if no spouse, adult children or next of kin, and guardian, if any, if their whereabouts are known.

You are hereby notified that on the ____ day of _____, 20____, the _____ County

Department of Job and Family Services filed a Petition for Court Ordered Protective Services to be provided for the above-named Adult without the Adult's consent on the grounds that an emergency exists and that the Department has been unable to obtain the consent of the Adult for protective services to be given. A copy of the petition is attached hereto.

The Petition has been set for hearing in the _____ County Probate Court, _____, Ohio located at _____ on the ____ day of _____, 20____ at _____ o'clock _____.M. The Adult may appear at the hearing, may present, examine, and cross-examine witnesses, and present evidence to contest the petition. The Adult is entitled to be represented by an attorney and, if found to be indigent, the Adult may request an attorney to be appointed without cost.

Witness my signature and the seal of the Court
this ____ day of _____, 20 ____.

Jack R. Puffenberger, Probate Judge

By:

Deputy Clerk

CASE NO. _____

The State of Ohio, _____ 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 _____

Jack R. Puffenberger, Probate Judge

By:

Deputy Clerk

RETURN

_____ County, Ohio

_____ ++ _____, _____

Received this notice on the _____ day of _____, 20____, at _____ o'clock _____ .M., and on the _____ day of _____, _____, I served the same by delivering a true copy thereof personally to _____

FEES

Service and return, 1st name, \$ _____

_____ Additional names, at \$ _____

_____ Miles traveled, at \$ _____

Sheriff

Deputy Sheriff/Process Server

Name

CASE NO. _____

_____ \$ _____

Total \$ _____

_____ Title