

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN THE MATTER OF \_\_\_\_\_, AN ADULT

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

**PETITION FOR EMERGENCY PROTECTIVE SERVICES**

[R.C. 5101.70]

1. Petitioner, \_\_\_\_\_, is an authorized provider of adult protective Services pursuant to R.C. 5101.60, *et seq.* and has received a report that the above-named Adult is in need of protective services.

2. The Adult, \_\_\_\_\_, residing at \_\_\_\_\_ is \_\_\_\_\_ years of age, with a date of birth of \_\_\_\_\_, is alleged to be an incapacitated person and an emergency exists.

3. The specific facts alleging the nature of the emergency are:

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

4. The proposed emergency protective services including placement, if applicable, are:

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

5. The Adult and the following persons are required to receive notice 24 hours prior to the hearing pursuant to R.C. 5101.70:

Name	Address	Relationship to Adult
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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6. (Complete if applicable) Petitioner requests a waiver of the 24-hour notice requirement because:

a.) Immediate and irreparable physical harm to the Adult or others will result from the 24-hour delay. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And

b.) Reasonable attempts have been made to notify the above listed individuals, if any, if their whereabouts are known. Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The Adult has not consented and there is no person authorized by law or court order available or willing to give consent to the emergency protective services.

WHEREFORE, the Petitioner requests the Court to authorize the implementation of the proposed emergency protective services and for such other relief as may be equitable.

\_\_\_\_\_ County Department of Job and Family Services

\_\_\_\_\_  
Attorney

By: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_

\_\_\_\_\_  
Registration No.

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email