PROBATE COURT OF	COUNT	Y, OHIO
	, JUDGE	
ESTATE OF		_, DECEASED
CASE NO		
	EDICAL RECORDS AND M RECORDS 2113.032]	IEDICAL
Now comes	the	of the
(Applicant's Name)	(Relationship)	

above named decedent who died on \_\_\_\_\_\_ and resided at \_\_\_\_\_\_ whose last four (4) digits of his/her social security number are \_\_\_\_\_, and hereby requests authority to obtain information regarding decedent's medical records and medical billing records for the purpose of evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

### Applicant states the following:

□ Applicant is an individual who is eligible to be appointed as a personal representative of the abovenamed decedent's estate under Ohio law; or

□ Applicant is named as executor in the above-named decedent's will, and Applicant has filed a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and Devisees.

Applicant acknowledges that an order shall not be issued until ten days following the probate court's transmission of a copy of this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

Signature

Typed or Printed Name

Address

Phone Number

COUNTY, OHIO

\_\_\_\_\_, JUDGE

ESTATE OF \_\_\_\_\_\_, DECEASED

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

# ENTRY AUTHORIZING RELEASE OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above-named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

Probate Judge

PROBATE COURT OF	COUNTY, OHIO			
, JUDG	E			
ESTATE OF	, DECEASED			
CASE NO				
REPORT ON RECEIPT OF MEDICAL RECORDS BILLING RECORDS [R.C. 2113.032]	ORDS AND MEDICAL			
Now comes, who decedent's medical records and medical billing records, and medical records and medical billing records have been rece				
An application to administer decedent's estate will not be filed.				
An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.				
Signature				

Typed or Printed Name

Address

Phone Number

PROBATE COURT OF		COUNTY, OHIO
	, JUDGE	
ESTATE OF		, DECEASED
CASE NO		
	O RELEASE MEDICA BILLING RECORDS R.C. 2113.032]	L RECORDS AND
To the following persons:		
Name	Address	

has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above-named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the \_\_\_\_\_\_\_\_, Ohio \_\_\_\_\_\_, Ohio

on the	day of	, 2	20	at	·
o'clockM.					

FORM 29.3 - NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

PROBATE COURT OF	COUNTY, OHIO		
	, JUDGE		
ESTATE OF	, DECEASED		
CASE NO			
	DTICE / CONSENT 2113.032]		
Application of records of the above-named decedent.	for release of medical records and medical billing		
The undersigned, being the next of kin of the above to the release of medical records and medical billi	re-named decedent, hereby waive notice and consent ing records of the above-named decedent.		

FORM 29.4 - WAIVER OF NOTICE / CONSENT

## **PROBATE COURT OF WARREN COUNTY, OHIO**

ESTATE OF \_\_\_\_\_\_, DECEASED

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

# SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

[R.C. 2105.06, 2106.13 and 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purposes. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

### [Check whichever of the following is applicable]

The surviving spouse is the natural or adoptive parent of all of the decedent's children.

The surviving spouse is the natural or adoptive parent of at least one, but not all, of decedent's children.

The surviving spouse is not the natural or adoptive parent of any of the decedent's children.

There are minor children of the decedent who are not the children of the surviving spouse.

There are minor children of the decedent and no surviving spouse.

FORM 1.0 - SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES

12/1/2002

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

The following are the vested beneficiaries named in decedent's will:

Name	Residence Address	Birthdate of Minor
[Check whichever o	f the following is applicable]	
The will contains a	charitable trust or bequest or devise to a charitable tru	ust, subject to R.C. 109.23 to 109.41
The will is not su	bject to R.C. 109.23 to 109.41, relating to charit	table trusts.

Date

Applicant [or give other title]