

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[R.C. 2113.032]

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 above named 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