

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

To the following persons:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ 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 _____ County Probate Court, located at _____, Suite _____, _____, Ohio _____ on the _____ day of _____, 20 _____ at _____ o'clock _____ M.