

**PROBATE COURT OF WAYNE COUNTY, OHIO  
LATECIA E. WILES, JUDGE**

IN THE MATTER OF \_\_\_\_\_

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

**OUTPATIENT COMMITMENT SUPPLEMENT  
(R.C. 5122.01(B)(5))**

**CRITERIA #1** “Based on your clinical review, the individual is unlikely to survive safely in the community without supervision,” as evidenced by: \_\_\_\_\_

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

**CRITERIA #2** “The individual has a history of lack of compliance with treatment which has led to one of the following:

Within the last 36 months, the noncompliance was a significant reason in 2 or more hospitalizations or forensic services (please list dates of hospitalizations) \_\_\_\_\_

\_\_\_\_\_  
 Within the last 48 months, the noncompliance led to 1 or more serious acts of violence, threats or attempts toward self or others (please list dates and events): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRITERIA #3** “Treatment recommendations have been considered and can be delivered in an outpatient setting, address the individual’s needs, and are necessary to sustain community living. Services recommended can be monitored by service providers and service providers are capable of ensuring participation, along with court oversight. ” Recommended services include:

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

**CRITERIA #4** “The individual is either connected to the above services in the community or a referral is in process,” including \_\_\_\_\_

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

**CRITERIA #5** “The individual expresses an interest in living in the community.”

**CRITERIA #6** "The individual is unlikely to voluntarily participate in the following recommended treatment without court order: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CRITERIA #7** "The individual has a degree of competency necessary to understand the stipulations of his or her involuntary commitment to treatment," as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

**CRITERIA #8** "The individual has the capacity to cooperate with the involuntary treatment in the community," as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

**CRITERIA #9** "The individual is not considered to represent a substantial risk of physical harm to self or others with the identified community-based treatment services," as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

**CRITERIA #10** "The individual does NOT currently have any active criminal court cases."

**CRITERIA #11** "The individual does NOT have a legal guardian who can authorize services."

(Please attach additional pages if necessary.)

Dated this \_\_\_\_\_ day of 20 \_\_\_\_\_.

\_\_\_\_\_  
Affiant

Sworn to and subscribed before me, a Notary Public or Deputy Clerk of the Probate Court on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary