

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

**IN THE MATTER OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**AFFIDAVIT OF REFUSAL OF DOCTOR'S EVALUATION**

STATE OF OHIO                    )  
  )        **SS:**  
COUNTY OF WAYNE            )

The undersigned, having been duly sworn, states that \_\_\_\_\_, the alleged mentally ill person subject to court order, refused to submit to an examination by a psychiatrist or a licensed clinical psychologist and physician. I have made the below listed attempts to obtain a certificate of a psychiatrist or licensed clinical psychologist and physician to substantiate the allegations contained in the affidavit of mental illness, dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

The undersigned certifies under penalty of perjury that the statements in this Affidavit are true and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public