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