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

**IN THE MATTER OF _____**

**CASE NO. _____**

## CERTIFICATE OF EXAMINATION

The undersigned certifies that he/she is a psychiatrist/licensed clinical psychologist/licensed physician (circle one) of the State of Ohio, and that the following are facts relating to the examination of the above named person.

I further certify that I have with care and diligence personally observed and examined the named person on the _____ day of _____, 20____.

That said person was residing at _____ and as a result of such examination, I believe said person is an adult and is mentally ill and subject to hospitalization by court order as provided for on the attached Affidavit of Mental Illness that will be submitted to the Court.

My findings that support my recommendation for admission include (please indicate any physical or mental conditions demanding the immediate attention of the admitting hospital such as withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information examining physician considers important): _____

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Signature of psychiatrist/licensed clinical psychologist/licensed physician and title

_____

Printed Name

_____

Address

_____

City/State/Zip

_____

Telephone

_____

License Number

Sworn to and subscribed in my presence this _____day of _____,
20_____.

_____

Notary Public