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

IN THE MATTER OF _____

CASE NO. _____

AFFIDAVIT OF REFUSAL OF DOCTOR'S EVALUATION

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 licensed 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 simultaneously filed herein.

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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