

**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, an adult residing at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I have reviewed the Affidavit of Mental Illness to be filed with the Court, and as a result of my examination:

I believe this person meets one of the first four criteria listed on the Affidavit and, therefore, is a person who is mentally ill and subject to **hospitalization** by court order because of the risk they present. (Undersigned should ensure that one of the first four boxes on page 1 of the Affidavit is checked.)

**or**

I believe this person meets the fifth criteria listed on the Affidavit and, therefore, is a person who can benefit from **community based treatment** at this time, is in need of treatment to prevent deterioration that will likely result in a substantial risk to self or others, is unlikely to survive safely in the community without supervision, and is unlikely to participate in treatment voluntarily. (Undersigned should ensure that the fifth box on page 1 of the Affidavit is checked).

My findings that support my recommendation are: (Please indicate any physical or mental conditions demanding the immediate attention such as withdrawal symptoms due to addiction, need for insulin, recent severe head injury, tuberculosis, or other information examining physician considers important and/or any specific treatment recommendations): \_\_\_\_\_

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