Notification Form for Record Checks

Under O.R.C. 5122.311

Please Type or Print in Ink

Pursuant to Ohio Revised Code 5122.311,

I, _____, ❒ **Probate Judge** ❒ **Chief Clinical Officer**
Name of Reporting Official

of _____ ❒ **County** ❒ **Hospital, Agency or Facility** ❒ **Other**
Name of Reporting Entity

_____
Street Address City State Zip County

report the following regarding a mentally ill person subject to hospitalization by court order or involuntary patient other than one who is a patient only for purposes of observation, to the best of the current knowledge and information available.

Reporting County Court Case #: _____

Name: _____
Last First Middle

Social Security #: _____

Last Known Residence: _____
Street Address City State Zip County

Mailing Address (if different from above): _____
Street Address City State Zip County

Date of Birth: _____/_____/_____ **Place of Birth:** _____
City State County

Sex: ❑ Male ❑ Female

Race/National Origin: ❑ White ❑ Hispanic ❑ American Indian/Alaskan Native ❑ Black ❑ Asian/Pacific Islander ❑ Other _____

The information contained in this document is true and correct to the best of my knowledge.

_____ _____
Date Signature of Judge or Chief Clinical Officer

109: 5-3-01 Procedure for reporting incompetency records.

(A) Not later than seven (7) days after a person is found to be a mentally ill person subject to hospitalization by court order or becomes an involuntary patient other than one who is a patient only for purposes of observation, the Probate Judge who made the adjudication or the Chief Clinical Officer of the hospital, agency, or facility in which the person is an involuntary patient must transmit this form to the bureau of criminal identification and investigation.

(B) The foregoing shall be submitted to the bureau of criminal identification and investigation in one of the following ways:
(1) Through the mail to the "Bureau of Criminal Identification and Investigation, P.O. Box 365, London, Ohio 43140."
(2) Electronically in a format designated by the superintendent.

(C) This notification is required under R.C. 5122.311 for the purpose of conducting incompetency records checks pursuant to R.C. 311.41 (application to sheriff for concealed handgun permit).

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(D) “Involuntary patient” means a person who is ordered to undergo treatment or continuing evaluation and treatment at a hospital, agency, or facility, or through an individual professional, under sections 2945.38, 2945.39, 2945.40, 2945.402 or committed to a hospital, facility, agency, Alcohol Drug Addiction Mental Health Services/Community Mental Health board or other person or place under section 5122.141 or 5122.15 of the Revised Code. “Involuntary patient” does not include persons admitted for purposes of evaluation pursuant to section 2945.371 of the Revised Code, or for care, observation and treatment pending examination or hearing under section 5122.10 or 5122.11 of the Revised Code.

(E) “For purposes of observation” means held at a center, program or facility for purposes of evaluation pursuant to section 2945.371 of the Revised Code or admitted for purposes of care, observation and treatment pending examination or hearing pursuant to section 5122.10 or 5122.11 of the Revised Code.

(F) “Mentally ill person subject to hospitalization by court order” and “patient” are defined at O.R.C. 5122.01.