



## 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,  
Name of Reporting Entity  Agency or Facility  Other

Street Address

City

State

Zip

County

report the following regarding a mentally ill person subject to 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  Black  Hispanic  Asian/Pacific Islander  American Indian/Alaskan Native  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 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 Attorney General's Office Bureau of Criminal Identification (BCI) in one of the following ways:

(1) Through the mail to the Attorney General's Office Bureau of Criminal Identification, 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).

(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 court order" and "patient" are defined at O.R.C. 5122.01.