

**IN THE COMMON PLEAS COURT OF MIAMI COUNTY, OHIO
PROBATE DIVISION
SCOTT ALTENBURGER, JUDGE**

IN THE MATTER OF THE

CASE NO. _____

ESTATE OF: _____

**APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS
[R.C. 2113.032]**

Applicant says that the decedent died on _____.
Decedent's domicile or residence was _____

Applicant requests authority to obtain the decedent's medical records and billing records for the purpose of evaluation a potential wrongful death, personal injury, or survival action on behalf of the decedent.

Applicant states the following: **(Check whichever is applicable)**

- Applicant is an individual who is eligible to be appointed as a personal representative of the above named decedent's estate under Ohio law; or

- Applicant is named as executor in the above named decedent's Will and Applicant has filed an Application to File Will for Record Only and the decedent's original Will with the Court.

Attached is a list of the surviving spouse, children, next of kin, legatees and devisees known to the Applicant. (Form 1.0)

Applicant acknowledges that an order shall not be issued until ten (10) days following the probate court's transmission of a copy of this Application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice / Consent or at a further hearing if required by this Court.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Phone Number (Include Area Code)

Phone Number (Include Area Code)

Attorney Registration No.