

PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

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

Now comes _____ the _____ of the
(Applicant's Name)(Relationship)
above named decedent who died on _____ and resided at _____
_____ whose last four (4) digits of his/her
social security number are _____, and hereby requests authority to obtain
information regarding decedent's medical records and medical billing records for the purpose of
evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the
decedent.

Applicant states the following:

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
the decedent's original with this Court with a Notice of Deposit of Will form.

Applicant has submitted with this Application a fully completed Form 1.0, Surviving Spouse,
Children, Next of Kin, Legatees and Devisees form and a copy of the decedent's death
certificate.

Applicant acknowledges that an order shall not be issued until ten 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's Signature

Applicant's Signature

Address

Address

Telephone Number

Telephone Number