

**PROBATE COURT OF PORTAGE COUNTY, OHIO
PATRICIA J. SMITH, 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 a copy of decedent's will with this Application.

Applicant has attached Form 1.0 – Surviving Spouse, Children, Next of Kin, Legatees and
Devises.

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.

Attorney's Signature

Typed or Printed Name

Address

City, State, Zip Code

Phone Number

Attorney Registration No. _____

Applicant's Signature

Typed or Printed Name

Address

City, State, Zip Code

Phone Number