

PROBATE COURT OF ROSS COUNTY, OHIO
J. JEFFREY BENSON, 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 the decedent's will with this Application.

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

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.

Signature

Typed or Printed Name

Address

Phone Number