

**PROBATE COURT OF GREENE COUNTY, OHIO**  
**THOMAS M. O'DIAM, 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 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 this application to those persons listed on the Form 1.0 who have not filed a signed Waiver of Notice/Consent.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address