

**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

\_\_\_\_\_  
Applicant's Signature

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

Attorney Registration No. \_\_\_\_\_