

**TRUMBULL COUNTY PROBATE COURT
JAMES A. FREDERICKA, JUDGE**

**APPLICATION TO RELEASE MEDICAL RECORDS
AND MEDICAL BILLING RECORDS
(R.C. 2113.032)**

Pursuant to R.C. 2113.032, an application may be made to obtain medical records and medical billing records without the opening of an estate. The application may only be made for the purpose of evaluating a potential wrongful death, personal injury, or survivorship claim.

The applicant must be a person who is eligible under Ohio law to serve as administrator or is named as executor in the will. A copy of the will must be attached, when applicable. A fee of \$60.00 shall be collected upon filing of the application.

A SPF 1.0 Next of Kin form must be filed with the application. Next of kin may consent and waive notice of the filing of the application.

A copy of the Application shall be sent by certified mail to all persons listed in the Next of Kin form who have not consented. An additional deposit in the amount of \$9.50 shall be required for every notice issued in excess of one (1). Where notice is required, the Court may rule upon the Application no sooner than twenty-one (21) days after the transmission of the notice(s) with or without hearing.

Where all parties have consented, the Court may rule upon the application with or without hearing.

Upon obtaining the requested applicable records, and before the expiration of the applicable statute of limitations, the applicant shall file a Report of Receipt with the court certifying that all requested medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed.

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, 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.
- An application to probate will and/or an estate proceeding has already been filed, see Case No. _____.

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.

Applicant's Signature

Attorney for Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number

Phone Number

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**NOTICE OF APPLICATION TO RELEASE MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

To the following persons:

_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address
_____ Name	_____ Address

_____ has filed an application in this Court, seeking the release of the decedent's medical records and medical billing records for use in evaluating a potential wrongful death, personal injury, or survivorship action on behalf of the decedent.

You are one of the above named decedent's next of kin and are therefore entitled to notice of the pending Application to Release Medical Records and Medical Billing Records. The Court shall issue an order not earlier than ten (10) days of the transmission of this Notice.

The Application to Release Medical Records and Medical Billing Records shall be heard before the _____ County Probate Court, located at _____, Suite _____, _____, Ohio _____ on the _____ day of _____, 20 _____ at _____ o'clock _____ M.

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**ENTRY AUTHORIZING RELEASE OF MEDICAL RECORDS AND
MEDICAL BILLING RECORDS**

[R.C. 2113.032]

For good cause shown, all medical providers that provided medical care or treatment to the above named decedent shall release those medical records and medical billing records to the Applicant for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

The medical records and medical billing records are confidential and shall not be made available for public viewing, unless otherwise provided for by law or subsequent court order.

Applicant shall file a report with the court certifying that all medical records and medical billing records have been received and shall indicate whether an administration of the decedent's estate will be filed before the expiration of the applicable statute of limitations.

Date

James A. Fredericka, Probate Judge

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

ESTATE OF _____, DECEASED

CASE NO. _____

**REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL
BILLING RECORDS**

[R.C. 2113.032]

Now comes _____, who was authorized to receive the decedent's medical records and medical billing records, and hereby certifies that all requested medical records and medical billing records have been received.

- An application to administer decedent's estate will not be filed.
- An application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations.
- An application to probate will and/or an estate proceeding has already been filed, see Case No. _____.

Applicant's Signature

Attorney for Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number

Phone Number