

IN THE PROBATE COURT OF ASHTABULA COUNTY, OHIO

ALBERT S. CAMPLESE, JUDGE

IN THE MATTER OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**APPLICATION FOR RELEASE OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS**  
**(RC 2113.032)**

Applicant requests that the Court issue an order directing all medical providers who have provided medical care or treatment to the decedent, release those medical records and medical billing records of the decedent for the limited purpose of deciding whether or not to file a wrongful death, personal injury, or survivorship action.

Applicant states that the decedent died on \_\_\_\_\_

At the time of the decedent's death the decedent's residence was

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Village or Township County

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

Submitted with this Application is a copy of the decedent's death certificate and a list of the surviving spouse, children, next of kin and legatees and devisees (Form 1.0) known to the Applicant.

There has been no administration of the decedent's estate commenced.

The Applicant:

is a person who is eligible to be appointed as the personal representative of the decedent's estate under the laws of Ohio (relationship to decedent: \_\_\_\_\_); or

is not a person eligible to be appointed as the personal representative of the decedent's estate; however, is nominated as the executor in the decedent's will:

the original of which has been displayed to the Court with this filing, and a copy of which is attached hereto, or

has been file for record only or admitted to probate in this Court in Case No. \_\_\_\_\_.

The Applicant acknowledges that the decedent's medical records and medical billing records are confidential, and the Applicant shall not make those records available for public viewing unless otherwise provided by law or subsequent court order.

The Applicant further acknowledges that upon obtaining the requested applicable records, and before the expiration of the applicable statute of limitations, the Applicant shall file a final report with this Court certifying that all the requested medical records and medical billing records have been received. The Applicant shall indicate in the final report whether an administration of the decedent's estate will be filed, if not then already commenced.

The Applicant agrees to file interim status letters with the Court on the 3 month anniversary of following the issuance of the Judgment Entry authorizing the release of records, and each successive 6 months thereafter, until the final report is filed.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Typed Name of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed Name of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone