

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge

LAURA J. GALLAGHER, Judge

ESTATE OF _____, DECEASED

CASE NO. _____

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

[R.C. 2113.032]

Applicant says that the decedent died on _____.

Decedent's domicile or residence was _____
(Street Address)

(City, Village, or Township) (County) (State) (Zip Code)

Applicant requests authority to obtain the decedent's medical records and billing records for the purpose of evaluating a potential wrongful death, personal injury, or survival action on behalf of the decedent.

Applicant states the following: **(Check whichever is applicable)**

- 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.

Attached is a list of the surviving spouse, children, next of kin, legatees and devisees known to the Applicant. (Form 1.0)

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Phone Number (Include Area Code)

Phone Number (Include Area Code)

Attorney Registration No. _____