

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. _____

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

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ESTATE OF _____, DECEASED

CASE NO. _____

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
LEGATEES AND DEVISEES**

(R.C. 2105.06, 2106.13 2107.19, 2113.032)

**[Use with those applications or filings requiring some or all of the
information in this form, for notice or other purposes. Update as required.]**

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all of decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the decedent's children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge
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ESTATE OF _____, DECEASED

CASE NO. _____

**WAIVER AND CONSENT
RELEASE OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS**

The undersigned waive notice of the hearing and consent to and approve the Application to Release Medical Records and Medical Billing records as set forth in the Application.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO, Presiding Judge
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ESTATE OF _____, DECEASED

CASE NO. _____

REPORT ON RECEIPT OF MEDICAL RECORDS AND MEDICAL BILLING RECORDS

[PLEASE DO NOT ATTACH COPIES OF THE MEDICAL RECORDS TO THIS REPORT]

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.

The Applicant further states that:

- An Application to administer decedent's estate will be filed prior to the expiration of the applicable statute of limitations; or
- An Application to administer decedent's estate will not be filed.

Signature

Typed or Printed Name

Address

Phone Number (Include Area Code)