

CHECKLIST- APPLICATION TO RELEASE MEDICAL RECORDS AND MEDICAL BILLING RECORDS
(Disclaimer: This checklist is intended as a guideline only and is subject to modification by the Court at any time)

INITIAL DEPOSIT DUE AT TIME OF FILING (Cash / Check / Money Order Only): \$80.00

REQUIREMENTS:

Applicant may request 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. See R.C. 2113.032.

THE PROCESS:

The documents listed below must be prepared by the applicant or his/her attorney, and brought into the Court or mailed to the Court for filing, along with the filing fee.

**Note: All paperwork should be typed, single sided, and please do not staple originals.
All documents being filed must have original signature.**

INITIAL FILINGS:

- Photocopy of the death certificate – Social Security number redacted (must state Lake County resident)
- Application to Release Medical Records and Medical Billing Records (Form 29.0)
- Surviving Spouse, Children, Next Of Kin, Legatees And Devisees (Form 1.0)
 - List the decedent's known surviving spouse, children, and or next of kin.
- Waiver and Consent- Release of Medical Records and Medical Billing Records (Form 29.4)
 - The Court may schedule a hearing if all persons listed on the Form 1.0 do not sign the Waiver and Consent.
- Notice of Application to Release Medical Records and Medical Billing Records (Form 29.3)
 - Those who did not sign the Waiver and Consent Form must be listed on this form.

LATER FILING:

- Report on Receipt of Medical Records and Medical Billing Records (Form 29.2)
 - This form must be filed before the expiration of the applicable statute of limitations certifying that all requested medical records and medical billing records have been received and indicating whether an administration of the decedent's estate will be filed.

Lake County Court of Common Pleas
Division of Probate
Judge Mark J. Bartolotta



Lake County Courthouse, West Annex
25 North Park Place,
Painesville, Ohio 44077
Mailing Address: P.O Box 490
Painesville, Ohio 44077
#440-350-2626
www.lakecountyohio.gov/probatelco

PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA

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 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.

Signature

Typed or Printed Name

Address

Phone Number

Email Address

Effective Date: May 1, 2021

**PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA**

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 _____ Lake _____ County Probate Court, located at 25 North Park Place _____, Painesville, Ohio 44077 on the _____ day of _____, 20____ at _____ o'clock _____ M.

**PROBATE COURT OF LAKE COUNTY, OHIO
JUDGE MARK J. BARTOLOTTA**

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.

Signature

Typed or Printed Name

Address

Phone Number