OHIO DEPARTMENT OF MENTAL HEALTH & ADDICTION SERVICES (OhioMHAS)

PROBATE COURT SUBSIDY REIMBURSEMENT INVOICE

(Section 5122.43 Ohio Revised Code)

ATTACHMENT C

INDIVIDUAL CASE SHEET

COUNTY OF: _____ **RESIDENT COUNTY:** _____

CASE HEARD IN THE MONTH OF: _____

CASE NUMBER: _____

TYPE OF COST:	**COST:**
POLICE	$_____
SHERIFF	$_____
PHYSICIAN	$_____
WITNESSES	$_____
TRANSPORTATION	$_____
CONVEYANCE ASSISTANTS	$_____
ATTORNEYS	$_____
REFEREES/MAGISTRATES	$_____
COURT REPORTERS	$_____
OTHER CASE RELATED COURT COSTS	$_____
TOTAL COST FOR THIS CASE	**$_____**