

**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: \_\_\_\_\_

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