

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	\$ _____