

PROBATE COURT OF CLARK COUNTY, OHIO  
RICHARD P. CAREY, JUDGE

THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**APPLICATION OF GUARDIAN TO PROBATE  
DIRECT SERVICES TO WARD  
[Sup. R. 66.01(B), 66.04 (D), and 66.09 (G)]**

“Direct Services” are defined in Sup. R. 66.01 (B) as services typically provided by home and community based and institutionally based care providers, including medical and nursing care or case management services, care coordination, speech, occupational and physical therapy, psychological services, counseling, residential, legal representation, job training and any other similar services. Sup 66.09(G) prohibits “Direct Services” by a guardian to a ward, unless otherwise approved by the court and Sup. R 66.04 (D) prohibits the appointment of a direct services provider as guardian for a ward to whom the provider delivers services unless otherwise authorized by law.

**Check all the applicable (Attach additional pages, if necessary)**

- 1. The Guardian of the ward named above applies to the court for authority to provide direct services to the Ward.
- 2. The Guardian of the ward named above applies to the court for approval of the guardian receiving from a third party compensation for direct services to be provided to the ward by the guardian. The Guardian is not as employee of the payer.
- 3. The Guardian presents to the Court that it is the best interest of the ward that this application be approved because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Compensation for these services is being paid to the guardian by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. The Direct services being provided are:
  - A. Personal care to child of the guardian in the guardian’s residence that may involve personal hygiene, feeding, medicating and/or dressing of the Ward.
  - B. Other: \_\_\_\_\_  
\_\_\_\_\_

The Guardian has disclosed this inherent conflict of interest to the court and requests that the conflict be waived and/or the restricting Sup. R. 66.01-66.09 be waived to this extent.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Attorney's Printed Name

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Attorney's Address

\_\_\_\_\_  
Guardian's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney's Phone Number

\_\_\_\_\_  
Guardian's Phone Number

\_\_\_\_\_  
Attorney's Registration No.

\_\_\_\_\_  
Guardian's Email Address