PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

APPLICATION FOR AUTHORITY TO ESTABLISH STABLE ACCOUNT WITH ASSETS/INCOME OF THE WARD

The undersigned guardian of the Ward requests authority from the Court to establish a STABLE Account with the Office of the Treasurer of Ohio for the Ward, pursuant to ORC 113.50 through 113.56 (inclusive).

The account will be funded by (indicate all that are applicable) ☐ a contribution for the assets of the ward; ☐ periodic earnings of the Ward; ☐ gifts received by third parties for the Ward's benefit. The maximum contribution in any calendar year for all contributions to the account shall not exceed the statutory annual limit. The maximum balance in the account shall not exceed (1) the statutory Ohio contribution cap, or (2) if the Ward receives SSI benefits, $100,000. Any balance over $100,000 counts as a resource.

I represent to the Court that:

(Read and Initial All)

_____ There are no other STABLE/ABLE accounts opened for the Ward;

_____ The Ward is an individual with one or more qualifying disabilities that occurred prior to the Ward attaining 46 years of age;

_____ The Ward meets the eligibility standards that are necessary for an individual beneficiary to hold a STABLE/ABLE account;

_____ I will provide the Court with documentation confirming the establishment of the STABLE account within 15 days of having opened it;

_____ I will endeavor to ensure withdrawals from the STABLE account are used only for "Qualified Disability Expenses" and acknowledge that improper expenditures may be deemed a countable resource for Medicaid eligibility purposes and Social Security. I also acknowledge that a tax penalty may be imposed by the IRS for improper expenditures. Once the asset/income is deposited into the account, I understand that I will no longer be accounting to the Court for the expenditure or use of the funds so deposited, provided the deposit is within the statutory limits set forth above.

_____	_____
Attorney's Signature	Guardian's Signature
_____	_____
Attorney's Printed Name	Guardian's Printed Name
Address**:**	Address:
_____	_____
_____	_____
Phone: _____	Phone: _____
Sup. Ct. No. _____	

ENTRY

For good cause shown, it is ORDERED that the Application be *approved*. The Guardian shall file documentation confirming the establishment of the STABLE Account within 15 days of doing so. Annually by January 15 of each subsequent year, the Guardian shall file evidence with the Court establishing that the contributions to and the STABLE Account do not exceed the statutory maximum contribution limits.

_____

JOHN M. HOLCOMB, JUDGE