

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**JEFFREY D. MACKEY, JUDGE**

IN THE MATTER OF  
THE GUARDIANSHIP OF \_\_\_\_\_

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

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

The undersigned Guardian of the estate of the Ward requests authority from the Court to establish 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):

- ☐ An annual contribution from the assets of the Ward.
- ☐ Periodic earnings of the Ward.
- ☐ Gifts received by the guardianship for the Ward's benefit.

The maximum contribution in any calendar year for all contributions to the account shall not exceed (1) the statutory Ohio contribution cap (currently \$462,000), or (2) if the Ward receives SSI benefits, \$100,000.

I represent to the Court that: [Read and initial all below and on page 2.]

\_\_\_\_\_ 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 26 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 file annually by January 15 of each year, a record of all contributions made to the STABLE Account during the preceding calendar year from the assets and/or income of the Ward;

\_\_\_\_\_ I will endeavor to assure 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. 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 expenditures or use of the funds so deposited, provided the deposit is within the statutory limits set forth above.

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Attorney's Registration Number

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone Number (include area code)