

**PROBATE COURT OF COSHOCTON COUNTY, OHIO
VAN BLANCHARD II, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR RELATIVE EXEMPTION,
COMPENSATED DIRECT SERVICE PROVIDER RULE 66:09(G)**

_____, Guardian of the Person of the above-named individual hereby applies to the Court for an exemption to Rule 66:09(G) of the Ohio Supreme Court Rules of Superintendence as allowed in Sup Rule 66.02(A). I feel it is in the best interest of the Ward that I continue to provide assistance for the following reason(s): _____

AFFIDAVIT

I, _____, being first duly cautioned and sworn, deposes and says that the following statements are true and accurate to the best of my knowledge and belief:

- 1) My relationship to the ward is: _____.
- 2) I have been compensated as a provider to the Ward since: _____ (date).
- 3) I provide _____ hours of paid assistance to the Ward per week.
- 4) The Ward receives _____ hours of assistance from outside providers per week.
- 5) I am in compliance with all requirements of the Coshocton County Department of Disabilities.

Date: _____

Attorney's Signature

Guardian's Signature