

**AMENDMENTS TO THE RULES OF SUPERINTENDENCE  
FOR THE COURTS OF OHIO**

The following amendments to the Rules of Superintendence of the Courts of Ohio (Probate Forms 7.0, 21.6, and 66.05 and Sup.R. 66.05) were adopted by the Supreme Court of Ohio. The history of these amendments is as follows:

January 25, 2022	Final adoption by electronic vote
February 1, 2022	Effective date of amendments

Key to Adopted Amendments:

1. Unaltered language appears in regular type. Example: text
2. Language that has been deleted appears in strikethrough. Example: ~~text~~
3. New language that has been added appears in underline. Example: text

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

ESTATE OF: \_\_\_\_\_, DECEASED

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

**CERTIFICATION OF NOTICE TO ADMINISTRATOR OF  
MEDICAID ESTATE RECOVERY PROGRAM  
[R.C. 2117.061 AND 5162.21]**

**THIS FORM SHALL BE FILED IN THE PROBATE COURT UPON COMPLETION OF  
NOTICE TO ADMINISTRATOR**

The undersigned certifies that a Notice in compliance with Ohio Revised Code 2117.061 and 5162.21 was served upon the following by a method authorized by Civ.R. 73 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_:

Medicaid Estate Recovery  
~~150 E. Gay Street, 21st Floor~~  
30 East Broad Street, 14th Floor  
Columbus, Ohio 43215

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Person Responsible for the Estate

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

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

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

Attorney Registration No. \_\_\_\_\_

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO  
\_\_\_\_\_, JUDGE

IN RE: CHANGE OF NAME OF \_\_\_\_\_  
(Present Name)  
TO \_\_\_\_\_  
(Name Requested)  
CASE NO. \_\_\_\_\_

**APPLICATION TO WAIVE PUBLICATION REQUIREMENT  
AND SEAL FILE**  
**[R.C. ~~2717.01(A)(4)~~ R.C. 2717.11]**

Now comes \_\_\_\_\_, pursuant to R.C. ~~2717.01(A)(4)~~ 2717.11, hereby requests this Court to waive the publication requirement and order the file in the above-captioned matter be sealed. The publication of notice in a newspaper of general circulation will jeopardize the applicant's personal safety for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exhibits attached in support of application.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

**JUDGMENT ENTRY WAIVING PUBLICATION AND SEALING FILE**

It is hereby ORDERED that the publication requirement for the Application for Change of Name is waived, and the file in the above-captioned matter be and hereby is sealed pursuant to R.C. ~~2717.01(A)(4)~~ 2717.11.

\_\_\_\_\_  
Probate Judge

1 **RULE 66.05. Responsibilities of Court Establishing Guardianships.**

2  
3  
4 [Existing language unaffected by the amendments is omitted to conserve space]

5  
6  
7 **STATE OF OHIO** )  
8 )  
9 **COUNTY OF** \_\_\_\_\_ ) **SS:**

10  
11  
12 **AFFIDAVIT OF GUARDIAN APPLICANT**

13  
14 I, \_\_\_\_\_ affirm the following:  
15 (Name)

16  
17  I have no pending misdemeanor or felony cases and have not been convicted of or  
18 pleaded guilty to any misdemeanor or felony offense; **OR**

19  
20  I have pending misdemeanor or felony cases or have been convicted of or pleaded  
21 guilty to a misdemeanor or felony offense. (List below any pending cases or convictions  
22 that have not been sealed pursuant to R.C. 2953.31-2953.62.)  
23

<u>DATE</u>	<u>TYPE OF CHARGE</u>	<u>COURT NAME</u>	<u>PENDING / CONVICTED / PLEADED GUILTY</u>
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

24  
25  
26 I understand that I have a duty to notify \_\_\_\_\_ within seventy-two  
27 (Court Name)  
28 hours if the information contained in this affidavit should change.  
29  
30

31  
32 \_\_\_\_\_  
33 Signature of Applicant

34 SWORN TO, BEFORE ME, and subscribed in my presence, on this \_\_\_\_\_ day of  
35 \_\_\_\_\_, 20\_\_\_\_:

36  
37 \_\_\_\_\_  
38 Notary Public / Deputy Clerk

39  
40 \_\_\_\_\_  
41 Printed Name of Notary Public

42  
43 Commission Expiration Date: \_\_\_\_\_  
44 (Affix seal here)

STATE OF OHIO )  
 )  
COUNTY OF \_\_\_\_\_ ) SS:

**AFFIDAVIT OF GUARDIAN APPLICANT**

I, \_\_\_\_\_ affirm the following:  
(Name)

I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. *(List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.)*

DATE	TYPE OF CHARGE	COURT NAME	PENDING / CONVICTED / PLEADED GUILTY
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

I understand that I have a duty to notify \_\_\_\_\_ within seventy-two  
-(Court Name)  
hours if the information contained in this affidavit should change.

\_\_\_\_\_  
Signature of Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public / Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_  
(Affix seal here)