

**ADD COUNTYNAME** County  
Court of Common Pleas

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**Probate Division**

**ADD DATE**

**TO WHOM IT MAY CONCERN:**

This will certify that **ADD INVESTIGATOR NAME** of the **COUNTY OF NAME OF COUNTY** , **BOARD OF DEVELOPMENTAL DISABILITIES**, works with, and in conjunction with, this Court, and in compliance with Protective Services Legislation, R.C.§§ 5126.30-5126.33 and 2111.031, to investigate and evaluate certain **ADD COUNTY NAME** County clients. He/She is authorized by this Court to have access to such psychological, mental health/behavioral, medical, and Social Security, bank and other financial records as are necessary to his/her investigations.

This Authorization shall remain in effect as long as **ADD INVESTIGATOR NAME** remains as a duly-appointed Protective Services Worker, or until further Order of this Court.

Very truly yours,

Honorable **ADD JUDGE's NAME**  
Probate Judge