

CUYAHOGA COUNTY COURT OF COMMON PLEAS DIVISION OF DOMESTIC RELATIONS

GUARDIAN AD LITEM APPLICATION

INSTRUCTIONS: Please read Rules 48 through 48.07 of the Rules of Superintendence for the Courts of Ohio and Local Rule 35 before completing this application.

CONTACT INFORMATION	
Name:	Email Address:
Office Address:	, Ohio
Office Telephone Number:	Fax Number:
Cell Phone #:	Attorney Reg. Number if applicable:
EDUCATION & TRAINING	
Undergraduate Degree(s):	Major:
School:	Date:
Graduate Degree(s):	Date:
School:	
Please list all foreign languages in which	you are fluent:
field which may be helpful when serving	tion, or experience in social work, child development, or other related as guardian ad litem:
Date Guardian ad Litem Pre-Service Educ	cation was completed:
Pre-Service Education Provider Name:	
	n another county, please provide the date you completed your most Provider Name:
Estimated number of cases where I have	represented litigants in family law cases in the State of Ohio:

Estimated number of cases where I have served as guardian ad litem:		
FOR ATTORNEYS ONLY		
Do you carry professional liability insurance? ☐ Yes ☐ No		
Liability Insurance Carrier: Effective Date:		
Limits of Liability:		
Are you currently in good standing with the Supreme Court of Ohio? \square Yes \square No		
If no, please explain:		
Have you ever been disciplined or suspended from the practice of law in Ohio or any other state, including the District of Columbia? \Box Yes \Box No		
If yes, state the reason and dates of the discipline or suspension:		
BACKGROUND INFORMATION		
Have you ever been convicted of any felonies or misdemeanors? \Box Yes \Box No If yes, please identify the case numbers for each case and explain these charges on a separate attachment.		
Have you ever been arrested, indicted, or charged with any offense in any action that involved an abused, neglected, or dependent child; a violation of R.C. 2919.25; or any sexually oriented offense? \Box Yes \Box No If yes, please identify the case numbers for each case and explain these charges on a separate attachment.		
Have you ever been named as a respondent in an action for a civil protection order or charged with domestic violence in any court? \Box Yes \Box No \Box If yes, please identify the case numbers for each case and explain these charges on a separate attachment.		
Has a referral ever been made to any children's services agency alleging that you abused or neglected a child? \Box Yes \Box No \Box If yes, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, or indicated. State any other findings made on a separate attachment.		

Other than as guardian ad litem, are you presently, or have you ever been a party in a civil lawsuit in the past 5 years? \Box Yes \Box No \Box If yes, please identify the court in which you were a party, the case numbers for each
case, and a summary of the actions on a separate attachment.
APPOINTMENT INFORMATION
I am willing to accept appointments regarding Parental Rights and Responsibilities Cases.
□ Yes □ No
CERTIFICATION
I hereby certify that all the above information is accurate and am unaware of any circumstances that would disqualify me from serving as guardian ad litem. I am willing to accept appointments as guardian ad litem in the types of cases as indicated above.
I have completed the pre-service training and/or continuing education requirements set forth in Sup.R. 48.04 and 48.05, a statement of which I have provided to the court.
I have attached a copy of my Bureau of Criminal Identification and Investigation (BCI) (Ohio) and Federal Bureau of Investigation (FBI) (national) criminal records check report completed within the past six (6) months of the date of this application.
I understand my obligation to complete at least six hours of continuing education annually provided by the Supreme Court of Ohio or approved by this court.
Signature: Date: