

GUARDIAN AD LITEM APPLICATION

ATTORNEY INFORMATION		
NAME	DATE	
ADDRESS	CITY/STATE	ZIP
EMAIL		PHONE
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE
LAW SCHOOL	OSC REGISTRATION #	YEAR ADMITTED

DEMOGRAPHIC INFORMATION			
*GENDER	*RACE	*ETHNIC ORIGIN	EDUCATION
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> DO NOT WISH TO DISCLOSE	<input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN PACIFIC ISLANDER <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> MULTI-RACIAL <input type="checkbox"/> NATIVE AMERICAN/ALASKAN <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DO NOT WISH TO DISCLOSE	<input type="checkbox"/> HISPANIC / LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> VOCATIONAL SCHOOL <input type="checkbox"/> OTHER
EMPLOYMENT STATUS	CAREER TYPE		LANGUAGE
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> NOT EMPLOYED <input type="checkbox"/> STUDENT	<input type="checkbox"/> ATTORNEY <input type="checkbox"/> BANKING <input type="checkbox"/> BUSINESS OWNER <input type="checkbox"/> EDUCATION <input type="checkbox"/> GOVERNMENT/MILITARY <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER <input type="checkbox"/> REAL ESTATE <input type="checkbox"/> RETIRED <input type="checkbox"/> STAY AT HOME PARENT <input type="checkbox"/> TEACHER		<input type="checkbox"/> ENGLISH <input type="checkbox"/> SIGN <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <hr/> <input type="checkbox"/> FLUENT <input type="checkbox"/> BASIC <hr/> <input type="checkbox"/> FLUENT <input type="checkbox"/> BASIC <hr/> <input type="checkbox"/> FLUENT <input type="checkbox"/> BASIC

*YOU ARE NOT OBLIGATED TO ANSWER THESE QUESTIONS; HOWEVER, THIS INFORMATION IS VALUABLE TO THE EVALUATION OF THE EFFECTIVENESS OF THE PROGRAM AND IN DETERMINING FURTHER NEEDS OF THE PROGRAM.

PLEASE ANSWER THE FOLLOWING
Indicate the year of your initial GAL training: _____
What GAL trainings have you attended in the current year?

How many GAL assignments are you limiting your practice to?

1 2-5 6-10 11-15 15 or more

Indicate if you have any special skills, education, or expertise that you believe will particularly assist you in addressing child welfare case issues:

Are you interested in training other GALs? Yes No

If yes, in what areas?

Would you like the CFACC to provide training in certain areas? Yes No

If yes, in what areas?

Have you ever been removed from any court's assigned counsel or guardian ad litem appointment list?

Yes No

If yes, please state the reason for your removal:

Please state what actions you have taken to correct the situation that caused your removal.

Have you ever been disciplined or suspended from the practice of law in Ohio or in any other state or the District of Columbia? Yes No

If yes, please state the reason for the discipline or suspension and the dates of such action:

Are you currently in good standing with the Supreme Court of Ohio? Yes No

If not, please explain.

Have you been convicted of any felonies or misdemeanors? Yes No

If so, please identify the case numbers for each case and explain the charges.

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 ORC 2919.25, or any sexually oriented offense? Yes No
If yes, please identify the case numbers for each case and explain the charges.

Have you ever been named as a respondent in an action for a civil protection order or charged with domestic violence in any court? Yes No
If so, please identify the case numbers for each action or charge.

Has a referral ever been made to any children's services agency alleging that you abused or neglected a child?
 Yes No
If so, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, indicated, and state any other findings made.

Other than as a GAL, are you presently or have you been a party in a civil law suit in the past 5 years?
 Yes No
If so, please provide the case number(s) and a summary of the action(s)

STATEMENT OF INTEREST

I am interested in accepting appointments in the following types of GAL cases:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | General GAL assignment list. ¹ |
| <input type="checkbox"/> | GAL emergency custody case assignment list. I understand that EC hearings are heard on an expedited docket. ¹ |
| <input type="checkbox"/> | Please do not add my name to the GAL list at this time. I will notify you when I wish to receive GAL assignments. |
| <input type="checkbox"/> | Judicial Bypass case GAL assignment list ^{1,2} |
| <input type="checkbox"/> | Mediation case GAL assignment list ^{1,2} |
| <input type="checkbox"/> | Family Drug Court GAL assignment list. I understand that if I accept appointments as GAL for children in Family Drug Court that I will be co-counseling cases with all other GALs in Family Drug Court and that I cannot accept assigned counsel appointments in Family Drug Court cases ^{1,2} |

¹ Requires initial GAL training and two one-half day advanced trainings in each subsequent year.

² Requires a special advanced training before appointment.

PLEASE NOTE

GALs are responsible for notifying the GAL Program in writing when they have achieved their maximum number of GAL cases. Similarly, when a GAL wishes to resume the assignment rotation, the GAL must notify the GAL Program Director in writing. The Program Director will notify the assignment clerk of all changes. Failure to abide by this notification procedure could result in the GAL being assigned to more cases than she/he can handle, and necessitate the filing of a Motion to Withdraw by the GAL. Until the motion is granted and the Entry journalized, the GAL is responsible for all GAL casework in the matter. If the GAL cannot continue to represent a ward in any case, the GAL must file a Motion to Withdraw on each case in accordance with Rule 1.16 of the Ohio Rules of Professional Conduct and pertinent case law.

Please attach copies of your Ohio Supreme Court Registration card for the current biennium, your malpractice insurance declarations page, and results of the Central Registry search. The Central Registry Procedures and Request Form are attached to this Guardian ad Litem Application.

CHILD AND FAMILY ADVOCATES OF CUYAHOGA COUNTY BACKGROUND CHECK AUTHORIZATION FORM

A criminal and civil background check is required for Guardians ad Litem and Court Appointed Special Advocate volunteers in Cuyahoga County Juvenile Court. This check into official public records will determine the existence or non-existence of any record of criminal convictions and civil actions.

Child and Family Advocates of Cuyahoga County maintains the right to conduct a national criminal and civil background check on any Cuyahoga County court Guardian ad Litem or Court Appointed Special Advocate applicant through a third party agency, Open Online LLC. None of the information provided on this form will be used to discriminate against any applicant or employee on the basis of race, color, national origin, sex, sexual orientation, genetic information, religion, age, disability or military status.

By signing this form, you authorize Child and Family Advocates of Cuyahoga County and/or its designated third party to conduct a criminal and civil background check. In addition, you acknowledge that any false or misleading statement, omission or failure to disclose information may disqualify you from serving as Guardian ad Litem or Court Appointed Special Advocate in the Cuyahoga County Juvenile Court.

Any applicant convicted of or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect or related acts that would pose risks to children or to the Child and Family Advocates of Cuyahoga County program's credibility is not eligible to be a CASA or GAL.

By signing this form, I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of the Child and Family Advocates of Cuyahoga County program and their ability to provide quality services to abused and neglected children, my services as a CASA or GAL will be terminated.

I submit the statements on this application are true, complete and correct to the best of my knowledge. I understand that falsification on this application can disqualify me from consideration or can result in dismissal at a later time.

Background Check Verification Information

Full Name: _____	Maiden Name: _____
Other Names _____	Other Names _____
Date of Birth: _____	Social Security #: _____
Current Address: _____	Street: _____
City: _____	State: _____
Zip: _____	
Previous Address: _____	Street: _____
City: _____	State: _____
Zip: _____	
GAL or CASA Signature: _____	
Date: _____	

License/ID #: _____	Verified by: _____
OFFICE USE ONLY	



PROCEDURES FOR AN INDIVIDUAL TO REQUEST A SEARCH OF OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Ohio Revised Code 1347 allows an individual to request and receive information about the status of his or her name on Ohio's Central Registry on Child Abuse & Neglect.

A request for a search of the Central Registry must be made in writing and include the following:

- Full name, including maiden name or other names used, if applicable.
- Date of birth.
- Social Security Number.
- Home Address - Results of a Central Registry search are mailed to the individual requesting at their home address, not to an agency that requires the individual to obtain a search.
- Requester's original signature - requests cannot be faxed or e-mailed.
- The request must EITHER be notarized or the request must be accompanied by copies of two forms of appropriate identification.
- Appropriate forms of identification include: driver license, Social Security card, birth certificate, or United States Visa. Note: At least one of the forms of identification submitted must contain the individual's Social Security Number.
- The request should be mailed to Central Registry, PO Box 183204, Columbus, OH, 43218-3204. The address for express delivery is Central Registry, 4200 E Fifth Ave, Columbus, OH 43219.

Requests containing incomplete information are returned with a self-addressed envelope advising the additional information required to initiate a central registry search.

An individual may use the attached form to request central registry searches. Use of this form is not required so long as all of the above information is included in the request.

Please see <http://jfs.ohio.gov/ocf/CentralRegistry1.stm> for responses to Frequently Asked Questions about Ohio's Central Registry.

For more information call 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov or janice.blue@jfs.ohio.gov.

/bp

6/2013

REQUEST FOR A SEARCH OF
OHIO'S CENTRAL REGISTRY ON CHILD ABUSE AND NEGLECT

Please conduct a search of the Central Registry on Child Abuse and Neglect for my name. This information will be used for the purposes of (check ✓):

Adoption/Foster Parenting Volunteer Work Employment Other _____

<p>Applicant #1</p> <p>Full Name: _____ (Including maiden name, if applicable)</p> <p>Date of Birth: _____</p> <p>Social Security #: _____</p> <p>Signature _____</p> <p>Copies of <u>two</u> (check ✓ <u>2</u>) forms of identification are attached, one of which contains my Social Security number:</p> <p><input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa</p>	<p>Applicant #2</p> <p>Full Name: _____ (Including maiden name, if applicable)</p> <p>Date of Birth: _____</p> <p>Social Security #: _____</p> <p>Signature _____</p> <p>Copies of <u>two</u> (check ✓ <u>2</u>) forms of identification are attached, one of which contains my Social Security number:</p> <p><input type="checkbox"/> Driver license <input type="checkbox"/> Social Security card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> United States Visa</p>
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INSTEAD OF PROVIDING TWO FORMS OF IDENTIFICATION, THIS FORM MAY BE NOTARIZED.

This request is notarized in lieu of submitting two forms of identification.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PREVIOUS ADDRESS IN OHIO _____

CITY _____ STATE _____ ZIP CODE _____

Subscribed and affirmed before me according to law this _____ day of _____, 20____

at _____, County of _____ and State of ____.

(City)

_____ Notary

Mail request to **Central Registry; Bureau of Protection Services, PO Box 183204, Columbus, OH, 43218-3204**. The street address is 4200 East Fifth Avenue, 2nd floor, Columbus, OH, 43219. Questions about the Central Registry may be directed to 614-752-1298 or e-mail Barbara Parker at barbara.parker@jfs.ohio.gov or Janice Blue at janice.blue@jfs.ohio.gov