



CUYAHOGA COUNTY COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS

PRIVATE CUSTODY EVALUATOR APPOINTMENT APPLICATION

INSTRUCTIONS: Please read Rule 91-91.09 of the Ohio Rules of Superintendence and Local Rule 39 before completing this application.

CONTACT INFORMATION

Name: _____ Email Address: _____

Office Address: _____, Ohio _____

Office Telephone Number: _____ Fax Number: _____

Cell Phone Number: _____

EDUCATION & TRAINING

Undergraduate Degree(s): _____ Major: _____

School: _____ Date: _____

Graduate Degree(s): _____ Date: _____

School: _____

Name of Licensure Board: _____ State: _____

Licensure Number: _____

Name of Licensure Board: _____ State: _____

Licensure Number: _____

Name of Licensure Board: _____ State: _____

Licensure Number: _____

Are you currently in good standing with all the licensure boards listed above? Yes No

If no, please explain: _____

Have you ever been disciplined or suspended by any licensure board in Ohio or any other state or the District of Columbia? Yes No

If yes, state the reason and dates of the discipline or suspension: _____

Date Pre-Appointment Education was completed: _____

Pre-Appointment Education Provider Name: _____

Attach proof of completion (certificates) of pre-appointment education. Attached? Yes No

Please list any specialized training in custody evaluation, psychopathology, family dynamics, child development, or other related field which may be helpful when serving as a custody evaluator:

Please list all languages other than English in which you are fluent: _____

Attach resume or curriculum vitae. Attached? Yes No

BACKGROUND INFORMATION

Do you carry professional liability insurance? Yes No

Liability Insurance Carrier: _____ Effective Date: _____

Limits of Liability: _____

Have you ever been convicted of any felonies or misdemeanors? Yes 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? Yes 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? Yes No 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? Yes No If yes, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated or indicated, and state any other findings made on a separate attachment.

Are you presently, or have you ever been a party in a civil lawsuit in the past 5 years? _____ Yes _____ No
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.

PAYMENT FOR SERVICES

What are your payment terms? State fees, expenses, and any hourly rate or fee that will be charged.

CERTIFICATION

I certify all the above information is accurate and am unaware of any circumstances that would disqualify me from serving as a custody evaluator.

I have completed the pre-education and/or continuing education requirements set out in Superintendence Rule 91.08 and 91.09, a statement of which I have provided to the Court. I understand my obligation to complete at least six hours of continuing education annually provided by the Supreme Court of Ohio or other provider approved by the Supreme 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 another provider approved by the Supreme Court.

Signature: _____

Date: _____