

CUYAHOGA COUNTY COURT OF COMMON PLEAS DIVISION OF DOMESTIC RELATIONS

ANNUAL GUARDIAN AD LITEM COMPLIANCE STATEMENT

Guardian ad Litem Name:					Date:	
<u>Educat</u>	ion & Trainin <u>ន</u>	3				
educati	on requiremer	nt for GALs unde	-	4)(a-f) and 48.05(A)(3). A	the annual 6-hour continuing t least three (3) of the required	
•	Basic human n Communication skills, methods child, sensitivith Child abuse, new Family and ching psychopathologiethality and safe Legal processes of a guardian at types of disput	eeds, stages of conskills, including of critical questicy, building trust, eglect, dependently for adults an afety. It is a vailable commend of the court, and litem in court, are resolution process.	g but not limited to ioning, use of open multicultural awancy, unruliness, deling but not limited and children, and dimunity agencies are, local resources accesses.	and the impact of trauma communication with chi n-ended questions, under reness, diversity, and con linquency, and assessing r to family dynamics, subst omestic violence and its and resources, methods of and service practice, repor	ldren and adults, interviewing standing the perspective of a fidentiality.	
Date	Program Title	Sponsor	# Hrs Completed	Live (In- Person/Webinar) or self-study	Advanced Education Topic	
		· ·	·	erience you have receiv	red that may be helpful wher	

Disqualification & Removal as a GAL Check one: \square I know of nothing that would disqualify me to serve as guardian ad litem. ☐ The following may disqualify me to serve as guardian ad litem: _______ Please answer the following questions completely. Attach information on additional sheets if necessary. Within the past year, have you been removed from any court's guardian ad litem list or court-appointed counsel list if applicable? \square Yes \square No If yes, please state the reason for your removal. State what actions you have taken to correct the situation that caused your removal. **For Attorneys Only** Within the past year, have you been disciplined or suspended from the practice of law in Ohio or in any other state or the District of Columbia? \square Yes \square No If yes, 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? \Box Yes \Box No If no, explain: _____

Background Information

Within the past year, have you been convicted of any felonies or misdemeanors? \square Yes \square No If yes, identify the case numbers for each case and explain these charges on a separate attachment.

Within the past year, have you 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?

\square Yes \square No \square If yes, identify the case numbers for each case and expattachment.	olain these charges on a separate					
Within the past year, have you been named as a respondent in an action for a civil protection order or charged with domestic violence in any court? \square Yes \square No \square If yes, identify the case numbers for each case and explain these charges on a separate attachment.						
Within the past year, has a referral been made to any children's services agency alleging that you abused or neglected a child? \square Yes \square No \square If yes, 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.						
Within the past year, other than as guardian ad litem, are you presently, or have you been a party in a civil lawsuit in the past 5 years? \square Yes \square No \square If yes, 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.						
Certification						
I certify that I maintain professional liability insurance in the amounts of at least \$100,000.00 per occurrence and \$300,000.00 in the aggregate. I have attached a copy of my certificate as proof of coverage.						
I certify that all of the above information is accurate and am unaware of any c me from serving as guardian ad litem in the Cuyahoga Domestic Relations C						
Signature:	Date:					
ANNUAL COMPLIANCE CHECKLIST (If any of the information listed below be rejected and returned)	v is missing, your application will					
Complete and sign Annual Compliance Statement						
Attach transcripts and/or certificates for continuing education credit						
Attach program descriptions continuing education credit						
Attach proof of liability insurance						