

Name: \_\_\_\_\_  
                     First  Middle  Last

Current Business Address: \_\_\_\_\_  
   \_\_\_\_\_  
   City  County  State  Zip Code

**BACKGROUND DISCLOSURE STATEMENT**

**DRIVING HISTORY**

**YES    NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you have a valid Ohio driver’s license?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been convicted of any moving traffic violation in the past 10 years?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any traffic violations involving alcohol or drugs in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |

**BACKGROUND**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 4. Have you ever been convicted of a violation of law? Do not disclose expunged or sealed offenses.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been charged with a crime involving a minor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever committed an act that resulted in a child being adjudicated abused or neglected?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any condition or impairment which currently affects your ability to competently practice law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been ordered to pay child support or spousal support?  | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, are your payments current?   | <input type="checkbox"/> | <input type="checkbox"/> |

**CONDUCT**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 9. Have you ever been disbarred, suspended, censured, sanctioned, or otherwise reprimanded or disqualified as a member of the legal profession or another profession, or as a holder of public office?          | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been the subject of any written charges, complaints, or grievances to a court or administrative agency concerning your conduct as a Guardian ad Litem or attorney, including any now pending? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has any surety on any bond on which you were the principal been required to pay any money on your behalf in the past 10 years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been denied a license for business, trade, or profession in the past 10 years?   | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered yes to any of the questions above, furnish a thorough explanation.**

