CLARK COUNTY COMMON PLEAS COURT DOMESTIC RELATIONS DIVISION JUVENILE SECTION

101 E. Columbia Street Springfield, OH 45502-1194 Telephone (937) 521-1600 Fax (937) 521-3200



Judge
Katrine M. Laucaster
Magistrates
Brandin D. Marlow
Nichol R. Smith
Administrator
Wynette P. Carter-Smith

Appointed Attorney and Guardian Ad Litem (GAL) Application

I am aj (Select	pplying to receive appointments as a t both if you are applying to receive a	n attorney, G.A appointments as both an	AL attorney and a GA	.L.)	
In Deli (Please	inquency, Abuse/Neglect e select all areas that you are applying	Dependency g to receive appointment	_, Parenting Time ts.)	matt	ers.
Name:	<u> </u>				
	Last	First		Middle	
Date of Birth:		Ohio Supreme	Ohio Supreme Court Registration Number:		
Office	Address:			<u> </u>	
	Phone:				_
FAX:		Email:	<u> </u>		
	Do you have a valid Driver's licens			No	
2.	Have you ever been charged with or If yes, list date, location, circumstar	r convicted of a crime? nees and disposition of e	ach. Attach additi	Noional sheets if nece	ssary.
3.	Have there ever been bar complaints against you?		Yes	No	
4.	Have you completed the GAL pre-s If yes, date and location? Please atta	ervice training course? ach your certificate of co	Yes	No	
	Date	Locatio	<u></u>		
5.	Have you completed your annual 3 hour GAL training If yes, attach certificate		Yes	No	

6.	Do you agree to update this application with any charaffect your ability to serve as an attorney or GAL?	inge of information or additional information that may Yes No
7.	Have you read Rule 48 of the Ohio Rules of Superinappointed as a GAL?	tendence and understand your responsibilities if Yes No
certify	that all of the foregoing is true and accurate to the best of	my knowledge
Signatu	re Date	