

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

BACKGROUND DISCLOSURE STATEMENT FOR GUARDIAN AD LITEM APPOINTMENT LIST

Name: _____
 First Middle Last Date of Birth

Current Street Address: _____
 City County State Zip Code

Valid Ohio Driver's License Number: _____

A "YES" RESPONSE TO ANY QUESTION LISTED BELOW MUST BE SUPPLEMENTED WITH A THOROUGH EXPLANATION ON A SEPARATE SHEET OF PAPER.

DRIVING HISTORY

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you been cited for any moving traffic violation in the past 10 years? | <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? | <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. Have you been a party to any civil litigation in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any condition or impairment (including but not limited to substance abuse, alcohol abuse, or a mental, emotional or nervous condition) which currently affects, or if untreated could affect, your ability to competently practice law? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, is your condition or impairment reduced or ameliorated because you receive ongoing treatment, with or without medication, or participate in a monitoring program? | <input type="checkbox"/> | <input type="checkbox"/> |

CREDIT

- | | | |
|--|--------------------------|--------------------------|
| 9. Have you ever declared bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any debts, credit cards, loans, or other lines of credit that have been more than 90 days past due within the last 3 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you been in default on any debt in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have any you had any lines of credit (credit cards, charge accounts, and loans) that have been cancelled by the lender for non-payment in the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |

