

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
DISPUTE RESOLUTION DEPARTMENT
HAMILTON COUNTY, OHIO

ANNUAL GUARDIAN AD LITEM COMPLIANCE STATEMENT

Name: _____

Date Approved for the Guardian Ad Litem Appointment List: _____

Date of last Compliance Statement: _____

Attached to this statement is proof of attendance of at least three hours of specific continuing education provided by the Supreme Court of Ohio, and if applicable, any other relevant training.

By signature below, I certify that I am unaware of any circumstances that would disqualify me from serving as a Guardian Ad Litem in any court. I also certify that I have provided an updated resume to the Dispute Resolution Department with any substantive changes or any changes to name, address, telephone number and electronic mail address.

I understand that the Compliance Statement is due to the Dispute Resolution Department before the first of the year.

Signature

Date

Date submitted to the Dispute Resolution Department: _____