



Lucas County Juvenile Court Guardian ad Litem Affidavit For 2024

Name: _____ Ohio Supreme Court Atty Registration #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Work Phone (required): _____ Cell Phone (required): _____

Email (required): _____ Other contact info (optional): _____

1. I have completed the CASA 40-hour pre service training or am currently on the LCJC Approved GAL list. YES No
(If YES, the CASA Office will already have your documentation)
2. I have completed an annual, 6-hour, Rule 48 eligible, continuing education requirement. YES No
(If YES, please submit proof of completion)
3. I shall abide by the requirements of Rule 48 of the Rules of Superintendence of The Supreme Court of Ohio with regard to the responsibilities, training, and report requirements of a Guardian Ad Litem. YES No
4. I certify that I am in good standing as an attorney in the State of Ohio. YES No
5. I certify that there is no criminal or civil litigation that would affect my fitness to serve as a Guardian Ad Litem. YES No
6. I certify that I am unaware of any circumstances that would disqualify me from serving as a Guardian Ad Litem in the Lucas County Juvenile Court. YES No
7. I give my informed consent to the LCJC to complete a thorough investigation of my background, which may include police checks and child protective service agencies' histories. YES No
8. I certify that I have professional liability insurance coverage and have attached the declarations page of my insurance policy. YES No

**Form Due: 12-21-23
to procure eligibility
on 2024 LCJC GAL list.**

Your typed *Signature* here: _____

In addition, by placing your initials in the box below, you consent and agree that your use of a key pad, mouse, or other device to select an item, button, icon, or checkbox, to enter text, or to perform a similar act/action while using this document/form constitutes your work product. Your typed signature, indicates acceptance and agreement as if actually signed by you in writing. You further acknowledge and agree that the taking of any such actions by you evidence your intent to sign any such document/form. You also agree that no certification authority or other third party verification is necessary to the validity of your electronic signature; and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature.

Sent by: Lucas County CASA/GAL Office
1801 Spielbusch Ave., Toledo, OH 43604
T: 419-213-6753 Fax: 419-213-6785
Website: www.casakids.net

Preparer's Initials (required):