

GUARDIAN AD LITEM APPOINTMENT REGISTRATION
Please Print

Name: _____ Supreme Court No. _____ Year Admitted _____

Mailing Address: _____

Office Address: _____

Contacts: Office: _____ Fax: _____ Cell: _____

Email: _____ Home: _____

Number of Years of Practice in Ohio: _____

I am willing and qualified to serve as a mentor to other panel attorneys Yes: _____ No: _____

I hereby agree to notify the Law Office of the Public Defender in writing of any change in my contact information, liability insurance, and/or in my personal or professional status that would affect my qualifications to serve as appointed counsel.

I understand that my participation as a panel attorney is at the discretion of the Public Defender. My participation may be terminated at any time. Any misrepresentation or undisclosed change to the following information may result in my immediate removal.

I hereby agree that pursuant to Regulation III (5) Insurance Compliance, that while accepting any appointed counsel assignments in the Juvenile Division of the Hamilton County Court of Common Pleas that I will retain and maintain malpractice insurance of at least \$100,000.00 per occurrence and \$300,000.00 aggregate. Further, I agree to provide a copy of Insurance Declaration page to the Office each and every year. My current malpractice insurance carrier is: _____
Policy No.: _____.

I understand that according to the Rules of Superintendence for the Courts of Ohio, any Guardian ad Litem appointed by a juvenile court to protect and act in the best interest of a child must comply with Rule 48. The rule requires attendance at a six-hour pre-service training offered by the Ohio Supreme Court, civil and criminal background checks to be conducted and adherence to the minimum standards as set forth in section (D) Responsibilities of the Guardian ad Litem in Rule 48. In addition, Rule 48 requires that the appointing court maintain a file on each individual who accepts guardian ad litem appointments. I understand that I will not receive guardian ad litem appointments until the court has a file containing all required information. Sharon Gundrum at 513-946-9375 is the designated contact for Hamilton County Juvenile Court.

I understand that the Law Office of the Hamilton County Public Defender is committed to providing indigent clients in Hamilton County with quality representation. Although the Public Defender's Office does not supervise the work of the panel attorneys, they may receive complaints from clients, professionals, and the court as the agency charged with the responsibility for making case assignments. As complaints are received, they may be referred for peer review or may be reviewed by Public Defender supervisory personnel. This may result in recommendations for additional training, assignment of a mentor, etc. I understand that if I do not comply with the recommendations of the peer review process, I will be removed from the panel.

I have been provided a copy of and have read the Standards, Guidelines, and Regulations of the Law Office of the Hamilton County Public Defender and the Law Office of the Hamilton County Public Defender Policy for Dependency and Guardian Ad Litem Panel Attorneys and by my signature below do hereby agree to adhere to same.

Attached to this RENEWAL, I am submitting the required documentation (see below)

- Copy of letterhead/lease verifying location of law office
- Copy of Continuing Legal Education (CLE) transcript indicating hours completed
- Copy of Insurance Policy Declarations page verifying amount and nature of professional liability insurance
- Copy of Attorney Registration Card, front and back, verifying current registration for active status with the Supreme Court of Ohio

In addition to the attachments required by the Hamilton County Public Defender's Office, the following documentation must be submitted to the Hamilton County Juvenile Court:

- Certificate of Completion of the Ohio Guardian Ad Litem Pre-Service Course
- Certificate for 3 hour continuing legal education from the Ohio Supreme Court or approved by the

Administrative Judge in the Hamilton County Juvenile Court each year following completion of the pre-service course

- Central Registry Check with ODJFS. Anyone residing outside the state of Ohio also must seek a children's services history from the state in which they reside (this check is required for the initial registration)
- Copy of your Resume
- Copy of BCI and FBI background check (this check is required for the initial registration)
- GAL Background Questionnaire and Disclosure Statement (must be completed annually)

I wish to be on the following panel(s) for guardian ad litem appointments:

_____ Conflict Dependency Guardian ad Litem Appointment

_____ In Re: Williams Appointments

_____ Attorney for Child(ren) in Dependency Matters

1. Have you ever been disciplined or sanctioned by the Ohio Supreme Court or the governing court or bar association of any other state? Yes ____ No ____ If the answer is yes, please attach a detailed explanation of the proceedings and outcome.

2. Have you served as a Guardian ad Litem in a dependency or delinquency case within the last five years? If yes, approximately how many cases?

3. Have you successfully completed a six-hour pre-service training course offered by the Ohio Supreme Court as required by Rule 48? If yes, please attach the certificate verifying attendance. If your attendance was more than one year ago, have you successfully completed the additional required three hour trainings every year thereafter? If yes, please attach certificates verifying attendance.

4. Please briefly describe your qualifications to serve as a Guardian ad Litem in Hamilton County Juvenile Court.

5. Please briefly describe how you view the role of the Guardian ad Litem; give examples of strategies you would employ in serving the youth for whom you are appointed as Guardian ad Litem; and give examples of evidence or witnesses that might assist in making your case in the role of Guardian ad Litem for are youth.

ALL REGISTRATIONS DUE IN OFFICE ON THE LAST BUSINESS DAY IN SEPTEMBER

Name (Please Print)

Signature

Date

Approved

Date