

**Child and Family Advocates of**

**Cuyahoga County**

**Attorney Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Law School: \_\_\_\_\_ OSC Registration # \_\_\_\_\_ Year Admitted: \_\_\_\_\_

Are you an approved GAL in Cuyahoga County Juvenile Court? \_\_\_\_\_

Indicate the year of your initial GAL training: \_\_\_\_\_

What GAL trainings you have attended in the current year? \_\_\_\_\_

\_\_\_\_\_

Are you currently accepting GAL assignments? \_\_\_\_\_ How many GAL assignments are you limiting your practice to?

1 \_\_\_\_\_ 2-5 \_\_\_\_\_ 6-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 15+ \_\_\_\_\_

Languages other than English: (indicate level of competency, i.e. spoken, written, etc.) \_\_\_\_\_

\_\_\_\_\_

Please indicate if you have any special skills, education, or expertise that you believe will particularly assist you in addressing child welfare case issues: \_\_\_\_\_

\_\_\_\_\_

Do you have any interest in training other GALs? If yes, in what areas? \_\_\_\_\_

\_\_\_\_\_

Would you like the GAL Project to provide training in certain areas? If yes, in what areas? \_\_\_\_\_

\_\_\_\_\_

Have you ever been removed from any court's assigned counsel or guardian ad litem appointment list? If yes, please state the reason for your removal: \_\_\_\_\_

\_\_\_\_\_

Please state what action you have taken to correct the situation that caused your removal. \_\_\_\_\_

\_\_\_\_\_

Have you ever been disciplined or suspended from the practice of law in Ohio or in any other state or the District of Columbia? If yes, state the reason for the discipline or suspension and the dates of such action. \_\_\_\_\_

\_\_\_\_\_ Are

you currently in good standing with the Supreme Court of Ohio? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

Have you been convicted of any felonies or misdemeanors? \_\_\_\_\_ If so, please identify the case numbers for each case and explain the charges. \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested, indicted, or charged with any offense in any action that involved an abused, neglected, or dependent child, a violation of ORC 2919.25, or any sexually oriented offense? \_\_\_\_\_  
If yes, please identify the case numbers for each case and explain the charges. \_\_\_\_\_

Have you ever been named as a respondent in an action for a civil protection order or charged with domestic violence in any court? \_\_\_\_\_ If so, please identify the case numbers for each action or charge.

Has a referral ever been made to any children's services agency alleging that you abused or neglected a child? If so, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, indicated, and state any other findings made. \_\_\_\_\_

Other than as a GAL, are you presently or have you been a party in a civil law suit in the past 5 years? If so, please provide the case number(s) and a summary of the action(s) \_\_\_\_\_

### **Statement of Interest**

*I am interested in accepting appointments in the following types of GAL cases:*

\_\_\_\_\_ General GAL assignment list.<sup>1</sup>

\_\_\_\_\_ GAL emergency custody case assignment list. I understand that EC hearings are heard on an expedited docket.<sup>1</sup>

\_\_\_\_\_ Please do not add my name to the GAL list at this time. I will notify you when I wish to receive GAL assignments.

\_\_\_\_\_ Judicial Bypass case GAL assignment list<sup>1,2</sup>

\_\_\_\_\_ Mediation case GAL assignment list<sup>1,2</sup>

\_\_\_\_\_ Family Drug Court GAL assignment list. I understand that if I accept appointments as GAL for children in Family Drug Court that I will be co-counseling cases with all other GALs in Family Drug Court and that I cannot accept assigned counsel appointments in Family Drug Court cases<sup>1,2</sup>

<sup>1</sup>*Requires initial full day GAL training and two one-half day advanced trainings in each subsequent year.*

<sup>2</sup>*Requires a special advanced training before appointment.*

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***Please note: GALs are responsible for notifying the CFACC in writing when they have achieved their maximum number of GAL cases. Similarly, when a GAL wishes to resume the assignment rotation, the GAL must notify the Program Director in writing. The Program Director will notify the assignment clerk of all changes. Failure to abide by this notification procedure could result in the GAL being assigned to more cases than she/he can handle, and necessitate the filing of a Motion to Withdraw by the GAL. Until the motion is granted and the Entry journalized, the GAL is responsible for all GAL casework in the matter. If the GAL cannot continue to represent a ward in any case, the GAL must file a Motion to Withdraw on each case in accordance with Rule 1.16 of the Ohio Rules of Professional Conduct and pertinent case law.***

**\*\*Please attach copies of your Ohio Supreme Court Registration card for the current biennium, your malpractice insurance declarations page, and results of the Central Registry search. The Central Registry Procedures and Request Form are attached to this Attorney Information and Statement of Interest form.\*\***