

Name: \_\_\_\_\_  
                    First                            Middle                            Last  Date of Birth

Current Street Address: \_\_\_\_\_  
  City  County  State  Zip Code

Valid Ohio Driver's License Number: \_\_\_\_\_

**BACKGROUND DISCLOSURE STATEMENT**

**DRIVING HISTORY**

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 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. 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**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 8. Have you ever declared bankruptcy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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"/> |
| 10. Have you been in default on any debt in the past 10 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 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"/> |
| 12. Have you been ordered to pay child support or spousal support?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so, are your payments current?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you currently have any monetary judgments against you?  | <input type="checkbox"/> | <input type="checkbox"/> |

**CONDUCT**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 14. Have you ever been suspended, censured, or otherwise reprimanded or disqualified as a member of the legal profession or another profession, or as a holder of public office?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been the subject of any charges, complaints, or grievances concerning your conduct as a member of the legal profession or another profession, or as a holder of public office, including any now pending? | <input type="checkbox"/> | <input type="checkbox"/> |

16. Has any surety on any bond on which you were the principal been required to pay any money on your behalf in the past 10 years?
17. Have sanctions been entered against you, or have you been disqualified from participating in any case in the past 10 years?
18. Have you been disbarred, suspended, censured, or otherwise reprimanded or disqualified as an attorney in the past 10 years?
19. Have you been terminated, suspended, disciplined, or permitted to resign in lieu of termination from any job in the past 10 years?
20. Have you had any complaints filed against you with any Bar Association in the past 10 years?  
a. If so, are all complaints resolved?
21. Have you been denied a license for business, trade, or profession in the past 10 years?

If you answered yes to any of the questions above, furnish a thorough explanation.

22. Have you had a complaint or action initiated against you in any administrative forum in the past 10 years?

If so, please complete the box below.

Plaintiff:	Case Number:
Defendant:	Jurisdiction:
File Date:	Case Type:
Disposition Date:	Disposition:
Brief description of case:	

23. Have you been a party to any civil litigation in the past 10 years?

If so, please complete the box below.

Plaintiff:	Case Number:
Defendant:	Jurisdiction:
File Date:	Case Type:
Disposition Date:	Disposition:
Brief description of case:	

Plaintiff:	Case Number:
Defendant:	Jurisdiction:
File Date:	Case Type:
Disposition Date:	Disposition:
Brief description of case:	

