STATE OF OHIO	)		
COUNTY OF	)	SS:	

## AFFIDAVIT OF GUARDIAN APPLICANT

l,	(Name)	affirm	the following:			
	I have no pend aded guilty to an				been convicted of or	
gui		anor or felony	offense. (List	below any pending	nvicted of or pleaded cases or convictions	
DATE	TYPE OF CHAP		NAME	PENDING / CONVICTED Pending Convicted Pending Convicted Pending Convicted Pending Convicted	<ul> <li>Pleaded Guilty</li> <li>Pleaded Guilty</li> <li>Pleaded Guilty</li> </ul>	
I understand that I have a duty to notify(Court Name) hours if the information contained in this affidavit should change.						
Signature of Applicant						
	TO, BEFORE M		ribed in my	presence, on this	day of	
	Notary Public / Deputy Clerk					
Printed Name of Notary Public						
	Commission Expiration Date: (Affix seal here)					