STATE OF OHIO)			
COUNTY O	F)	SS:		
	AFFID	AVIT OF GUAR	RDIAN APPL	ICANT	
I,	(Name)	affirm the foll	owing:		
	have no pending mi led guilty to any misc		-		been convicted of or
guilty		or felony offense	. (List below	any pending	nvicted of or pleaded a cases or convictions
DATE	TYPE OF CHARGE	COURT NAME		ding Convicted ding Convicted ding Convicted	 / PLEADED GUILTY Pleaded Guilty Pleaded Guilty Pleaded Guilty Pleaded Guilty
I understand that I have a duty to notify			(Court Name)		within seventy-two
hours if the ir	nformation contained	I in this affidavit s	should change	е.	
		Signa	ature of Applic	cant	
SWORN TC), BEFORE ME, a , 20		in my prese	nce, on this	a day of
		Nota	ry Public / De	puty Clerk	
		Printe	ed Name of N	otary Public	

Commission Expiration Date: ______(Affix seal here)