

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION**

GUARDIAN BACKGROUND CHECK WAIVER

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

PHONE NUMBER: _____ **YEARS LIVED IN OHIO:** _____

The individual whose personal data appears here has indicated that he/she lives within your jurisdiction.

I, the undersigned, authorize the Fairfield County Juvenile Probate Court to access my background information. This authorization is void if not exercised by the Court within one (1) year from the date signed. I hereby agree to indemnify the Fairfield County Juvenile Probate Court and their representatives for any liability arising out of the improper use of the information provided.

I also recognize the right of the Fairfield County Juvenile Probate Court to treat as confidential certain sources of information, and to withhold the same from me or my agent.

SIGNATURE: _____ **DATE:** _____

-----**DO NOT WRITE BELOW THIS LINE**-----

CERTIFICATION OF PURPOSE

The Fairfield County Juvenile Probate Court certifies that the information applied for will be used only for the purpose for which it is requested, and agree that this information will be destroyed immediately after use of it or, if retained, will not be released outside our agency.

Type of record check: FULL OHIO BACKGROUND CHECK

PLEASE RETURN TO:

Fairfield County Juvenile Court
ATTN: Guardianship Department
224 E Main Street, 3rd Floor
Lancaster, OH 43130