

Request for Ohio Child Abuse Clearing

- One form must be completed for every household member age 18 and older.

First Name:	
Last Name:	
Middle Name:	
Maiden Name:	
Previous Married Name:	
2nd Previous Married Name:	
3rd Previous Married Name or Other Alias:	
Date of Birth:	
SS Number:	
Current Street Address:	
Current City & Zip Code:	
Home Phone:	
Email Address:	
Cell Phone:	

As a child were you a victim of child abuse or neglect in Ohio? Yes __ No __

Were you a victim of child abuse or neglect in any other state? Yes __ No __

As an adult were involved in a case of child abuse or neglect in Ohio? Yes __ No __

As an adult were involved in a case of child abuse/ neglect in another state? Yes __ No __

If Yes to any of the above questions please explain:

List All Previous addresses for the past 10 years:

[Please list complete addresses for the past 10 years. List the dates in months and years. Print an additional sheet if needed.]

Address:	
Dates: [month and year]	from: until:

Address:	
Dates: [month and year]	from: until:

Address:	
Dates: [month and year]	from: until:

Address:	
Dates: [month and year]	from: until:

Address:	
Dates: [month and year]	from: until:

Address:	
Dates: [month and year]	from: until: