

**PROBATE COURT OF CLERMONT COUNTY, OHIO JAMES A.  
SHRIVER, JUDGE**

**IN THE MATTER OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**SELF-REPRESENTATION ACKNOWLEDGMENT**

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including, without limitation, determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website, <https://probatejuvenile.clermontcountyohio.gov/>.
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Clermont County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner, I will be subject to the compliance policies in Clermont County Probate Court.
8. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case or may require that I must be represented by an attorney to continue with this case.

\_\_\_\_\_  
Self-Represented Party

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Email Address