

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CLERMONT COUNTY, OHIO**
Authorization for Background Check

Case Number: _____

RELEASE

By my signature below, I authorize Clermont County Domestic Relations Court to obtain my report from the Ohio Courts Network. I understand that the report includes a BCI Criminal History and information from the Ohio Bureau of Motor Vehicles and Ohio Department of Rehabilitation and Corrections. I further authorize Clermont County Domestic Relations Court to contact Children's Protective Services of Clermont County to determine whether there are any investigations on allegations of abuse or neglect against me as the alleged perpetrator.

DOB

SSN #

Signature