MIKE DEWINE
OHIO ATTORNEY GENERAL

Ohio Peace Officer Training Commission
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APPLICATION FOR BAILIFF/COURT OFFICER
SCHOOL COMMANDER CERTIFICATION

I. Personal Data

Name _____ _____ _____
First Middle Last

SSN_____ DOB _____ Male ____ Female ____

Mailing Address _____
#/Street/P.O. Box

_____ _____ _____ _____
City State Zip Code County

Phone: Residence (_____)_____ Daytime (_____)_____

Cell (_____)_____ FAX (_____)_____

Email _____
NOTE: This email address will be used for OPOTC/OPOTA business-related communications, some of which may be time sensitive.

Department/Court Name:_____

School Name _____ _____
County

School Address _____ _____ _____ _____
#/Street/P.O. Box City State Zip Code

II. High School Graduate Or Possession Of A GED

_____ _____ _____ _____
High School Name City State Date of Graduation/Receipt of GED

III. Two Years Experience As A Law Enforcement Officer Assigned To The Court Or As A Bailiff

Court Assignment Dates Department

_____ From ____/____/____ To ____/____/____ _____

_____ From ____/____/____ To ____/____/____ _____

IV. Training

A (1). Bailiff/Court Officer Basic Training School - Attach Copy of Certificate

Name of School _____From ____/____/____ To ____/____/____

School/Course Number _____

and/or

A (2). Peace Officer Basic Training School - Attach Copy of Certificate

Name of School _____ From ____/____/____ To ____/____/____

School/Course Number _____

B. Instructor Training Program Approved by OPOTC Executive Director (Minimum of 40 clock-hours; attach certificate)

_____ ____/____/____ - ____/____/____ _____
Name/Address of School Attended Dates Attended # of Hours

V. Background Information

Have you ever been convicted of, or are there any pending charges for, a felony, a crime of moral turpitude, or a firearms disability per ORC 2923? _____ no _____ yes

Have you ever been investigated for, disciplined for, terminated for, matters of veracity or of moral turpitude? _____ no _____ yes
If yes, include a detailed summary. _____
_____
_____

VI. Professional References From A Judge, Court Administrator, Prosecutor, Magistrate, Chief Of Police, Or Sheriff

_____ _____
Name Title
_____ _____
Name Title
_____ _____
Name Title

Attach letters of reference from the above-named individuals. These must accompany application.

MUST APPEAR IN PERSON BEFORE A NOTARY TO COMPLETE THE FOLLOWING AFFIDAVIT

AFFIDAVIT

I declare under the penalty of perjury that the information in this Application is true and correct to the best of my knowledge.

_____ _____
Signature Date

Subscribed and sworn personally before me by the above-named Affiant, this _____ day of _____ , 20____ , at _____, in the County of _____, and State of Ohio.

_____
Printed name of Notary

(Seal)

_____
Signature of Notary

_____
Date notary commission expires

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED