

GUARDIAN AD LITEM DATA SHEET

Please fill in all blanks and answer all questions as completely as possible. Please do not leave any blanks empty. If a particular matter does not apply to you, put "N/A" or a dash in the blank so it is clear that you have not simply overlooked the question. If you require additional space, please use the backs of these pages. If you require any assistance in completing this form, please feel free to contact your attorney or me.

GENERAL INFORMATION

Name _____

Address _____

EMAIL _____

School System _____

Work Phone _____ (please note which # is best for you)

Home Phone _____

Cell Phone _____

Employer _____

Address _____

Telephone # _____

Length of
Employment _____

Work Schedule _____

CHILDREN FOR THIS CASE

Name	Date of Birth	School Name and Phone #	Teacher This Year	Teacher Last Year
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____
_____	_____	_____ _____	_____	_____

Other children in the home or born to you? _____

Describe current custodial arrangement pursuant to Court Order. (If Shared Parenting, who is the residential parent for school placement?)

If no Court Order, what are the arrangements?:

Are both parties complying? _____

What visitation schedule would you like to see and why?

Who is ordered to pay child support and how much?

When was child support 1st ordered? _____

Are the payments current? (Why not?) _____

Is child abuse, child neglect or domestic violence an issue of your case and if so, by whom?

Was Children's Services ever involved? _____

If so: Date became involved _____

Who contacted _____

Status of Investigation _____

Criminal background:

Please state any crimes you have been arrested for, convicted of, or pled guilty to including the Case Number and State/County:

Mental Health background:

Please state whether you have **ever** been in counseling at all or treated for a mental illness or taken any mental illness medication:

PEOPLE WHO YOU WOULD LIKE ME TO TALK TO ABOUT YOUR CASE

A. At the Day Care Center [that any child attended in the last three years]

1. Name _____ Position _____

Address _____

Work Phone _____ Home Phone _____

What, specifically, should I discuss with this person?

B. Family Members.

1. Name _____

Address _____

Work Phone _____ Home Phone _____

Relationship to children: _____

What, specifically, should I discuss with this person?

2. Name _____

Address _____

Work Phone _____ Home Phone _____

Relationship to children: _____

What, specifically, should I discuss with this person?

C. Your Friends.

1. Name _____

Address _____

Work Phone _____ Home Phone _____

Length of involvement with your family: _____

What, specifically, should I discuss with this person?

2. Name _____

Address _____

Work Phone _____ Home Phone _____

Length of involvement with your family: _____

What, specifically, should I discuss with this person?

CHILDREN'S LIFESTYLE AND DEVELOPMENT

PLEASE ANSWER FOR EACH CHILD SEPARATELY. The doctors may require you to execute Authorizations for the Release of Information before allowing the Guardian access to the children's files. Please be prepared to execute such Authorizations at your first appointment with the Guardian.

A. Child's Name: _____ Date of Birth: _____

Child's Friend's Names	Their Parents' Names	Length of Friendship	How children became friends (school, activities, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

	Child's health Care providers	Date of last visit	Frequency of of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

B. Child's Name: _____ Date of Birth: _____

Child's Friend's Names	Their Parents' Names	Length of Friendship	How children became friends (school, activities, etc.)
_____	_____	_____	_____
_____	_____	_____	_____

	Child's health care providers	Date of last visit	Frequency of of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

C. Child's Name: _____ Date of Birth: _____

Child's Friend's Names	Their Parents' Names	Length of Friendship	How children became friends (school, activities, etc.)
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_____	_____	_____	_____
_____	_____	_____	_____

	Child's health care providers	Date of last visit	Frequency of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____