

GUARDIAN AD LITEM DATA FORM

Please fill this form out completely. You are responsible for providing updates if any information changes.

YOUR Full Name: _____
First Middle Last Maiden/Other Names by which you are known

Is this your legal name? YES NO If **NO**, what is your **legal** name? _____

Date of Birth: _____ Age: _____ Gender: MALE FEMALE

Street Address: _____ Home Phone NO: _____

City/State/Zip: _____ Cell Phone NO: _____

Occupation: _____ Employer: _____ Work Phone NO: _____

Student: YES NO School: _____ No. of Yrs. Attended: _____ Graduate: YES NO

Email: _____ Alternate Email: _____

Driver's License: _____ Social Security Number: _____

Your relationship to the Child(ren) in Question: Biological Parent Grandparent Stepparent Other: _____

ATTORNEY INFORMATION

Your Attorney's Name: _____ Legal Assistant: _____

Attorney's Address: _____
Street City State Zip Code

Telephone Number: _____ Fax Number: _____

Since your initial court appearance, have you or another initiated any court proceedings? YES NO

If YES, what for: _____

MEDICAL HISTORY

If any adult involved in the case is taking prescription medication, has any physical disability, chronic medical condition or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (*use additional pages as needed*):

	Person	Provider's Name	Provider's Address	Telephone	Dates of Treatment
1.					
2.					
3.					

List any prescription medications you currently take: _____

Does anyone involved in the case have a history of, or been treated for drug or alcohol abuse? YES NO

If yes, please explain: _____

CHILDREN

List the child or children involved in the court action. Use additional pages if needed.

	Child's Name	Age	DOB	Gender	Current Allocation of Time Between Parents
1.					
2.					
3.					
4.					
5.					

CHILDREN'S MEDICAL INFORMATION

List the child or children involved in the court action. Use additional pages if needed.

	Child's Name	Child's Primary Physician	Physicians Address	Physicians Phone No.
1.				
2.				
3.				
4.				
5.				

Have any of the children in question been treated for a current or chronic health problem? YES NO

If YES, for what condition and by whom? _____

Have any of the children received any behavioral/mental health counseling or treatment? YES NO

If YES, for what condition and by whom? _____

Special Conditions: _____

Medications: _____

Allergies: _____

Do any individuals stay or live in your home, on full time or part time basis, that are not listed in the above sections of this form? YES NO

If YES, provide their names and ages: _____

CRIMINAL HISTORY

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, or do they have a police or criminal action pending? YES NO

If YES, please explain: _____

Is any person involved in the case on probation or parole? YES NO

If YES, explain and provide the name, address and telephone number of the Probation or Parole Officer:

Has a protective order been issued against any person involved in the case? YES NO

If YES, explain and provide the name, address and telephone number of the Probation or Parole Officer:

FAMILY VIOLENCE

Has there been violence in your relationship? YES NO

If YES, how often and over what period of time? _____

Has there been violence or neglect involving the children? YES NO

If YES, how often and over what period of time? _____

Has anyone involved in this case ever been involved with Child Protective Services? YES NO

If YES, when and in what county/state? _____

OTHER INFORMATION

Please provide copies of any pertinent Court Orders or other reports. These may include Final Divorce Decree, Parenting Plan, Child Custody Evaluations, affidavits, records regarding either parent, records regarding the child(ren), correspondence, prior assessments, as well as any other relevant information.

Signature: _____ Date: _____