

JMF ATTORNEY AT LAW LLC

GUARDIAN AD LITEM QUESTIONNAIRE

Case Name: _____

County and State: _____ Case No.: _____

Identification:

Name: _____

Date of Birth: _____ Place of Birth: _____

Relationship to child(ren): _____

Home Street Address: _____

City: _____ Zip: _____ County: _____

Home telephone: _____ Work telephone: _____

Cellular number: _____ Fax Number: _____ Email: _____

Preferred mode of communication: _____

Place of Employment (Name & Address & Phone #): _____

Job Description/Title: _____

Hours of Employment: _____

How long have you worked at this place of employment? _____

Name of immediate supervisor, if applicable: _____

Supervisors telephone number: _____

Educational history:

High School Diploma or GED? _____ Year _____

Technical training (specify type of training, place of training, certificates awarded, dates):

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College, Date of Graduation, Course of Study, Degree Received:

Postgraduate work:

Professional licenses held:

Criminal History:

Your criminal history (Please list each arrest, date of arrest, location, and disposition):

If you have never been arrested, are you aware of any warrants that have been taken for you? If so, where and when:

(Please note that you may be requested to submit to a criminal history report being run on your background.)

Counseling/Therapy:

Please provide the name(s), address(es), and telephone number(s) of any individual(s) you have seen or are currently seeing for therapy, counseling, psychiatric or psychological treatment.

Custody:

Please give the names and reasons for anyone else other than your spouse having legal and/or physical custody of your child(ren):

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Previous Custody Proceedings:

Have any other Courts dealt with custody of your child(ren) previously?
If yes, please specify the courts name, location, and date custody issues were heard:

Children:

Child(ren) that are the subject of this Action:

Complete Name: _____
D.O.B.: _____ Grade in school: _____ SSN: _____
Name & Address of School attending: _____

Principal: _____ Home Room: _____
Counselor: _____

Usual grades (grade point average, etc.): _____
School attended in previous year: _____
(If different from this year, provide same info requested above on separate sheet)
Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.):

Complete Name: _____
D.O.B.: _____ Grade in school: _____ SSN: _____
Name & Address of School attending: _____

Principal: _____ Home Room: _____

Usual grades (grade point average, etc.): _____
School attended in previous year: _____
(If different from this year, provide same info requested above on separate sheet)
Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.):

Complete Name: _____
D.O.B.: _____ Grade in school: _____ SSN: _____
Name & Address of School attending: _____

Usual grades (grade point average, etc.): _____
School attended in previous year: _____
(If different from this year, provide same info requested above on separate sheet)

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Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.):

IF MORE THAN THREE CHILDREN, PROVIDE SAME INFORMATION FOR EACH ON ANOTHER SHEET

Please specify each child's physical challenges, if any (examples: hearing difficulties, blindness, physical limitations):

Names, addresses, and telephone numbers of any psychologists, psychiatrists, educational consultant or any other mental health professional who has seen the child or children since birth. Please give in detail the reason for this professional contact and state which child was seen by each professional listed.

Please specify any chronic medical or mental condition diagnosis made regarding your child (or children), when the diagnosis was made, and by whom. This would include such diagnoses as attention deficit disorder, learning disability(ties), or asthma.

(PLEASE ATTACH COPIES OF YOUR CHILDREN'S MOST RECENT PROGRESS REPORTS and/or IEPs, IF APPLICABLE.)

Addresses where children have lived for the past five years:

Name, location and telephone number of any childcare provider for your children:

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Marital (Relationship) History:

Date of first marriage (Term of Relationship): _____

Date of divorce (Break-up): _____ Name of former spouse:

Child(ren) born to/adopted during this marriage / relationship and name(s) &
age(s): _____

Currently paying child support for any of above children? ___Y ___N

If so, what amount? _____ Are you current in your support obligation? ___Y ___N

Date of second marriage: _____

Date of divorce: _____

Name of former spouse: _____

Number of children born to/adopted during this marriage and name(s) &
age(s): _____

Currently paying child support for any of above children? ___Y ___N

Religion:

Name of church you attend, if applicable: _____

How often do you attend? _____ How
long a member? _____

Hobbies & Outside Interests:

Your outside interests or hobbies: _____

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Activities you and your child(ren) enjoy together: _____

Date and place of your most recent vacation with the child(ren): _____

Your membership in any civic, community groups, sports associations, professional organizations: _____

Particulars of this Case:

In your own words, please state what you think this case is all about (Attach another sheet if more space is required):

What is the outcome you would like to have in this case and why you think this is in your child's/children's best interest(s):

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How can your child or children best be shielded or protected from the impact of the litigation that will take place in this case? _____

Any specific questions you would like to ask at the initial meeting:

- 1) _____

- 2) _____

- 3) _____
