Roalfs Law & Mediation LLC

16 N. West Street, Waukegan, Illinois 60085 847.984.3780 | lindsay@roalfslaw.com | www.roalfslaw.com

GUARDIAN AD LITEM & CHILD'S REPRESENTATIVE INTAKE FORM

PLEASE CIRCLE ONE: MOTHER FATHER GUARDIAN

YOUR INFORMATION

Full Legal Name:		Nickname:			
Address:					
City: State:	Zip Code:	County:			
Future (new) address:					
City: State:	_ Zip Code:	County:			
S.S. #:	_ D.O.B.:	Age:			
E-mail:					
Employer's Name:					
Employer's Address:					
Average Work Schedule:					
Telephone Numbers:					
Office:	ext: Office	e Fax:			
Home:	Best Time to Call:				
Cell:	Other Numbers:				
Attorney's Name:		Phone #:			
Are you Married/Remarried? (Please Circle	e) YES	NO			
If so, New Spouse's Name:					
Are you Living with Anyone? (Please Circl	e) YES	NO			

If so, Please List:					
Place of Birth:	Length of	Length of time a Resident of Illinois:			
Education completed:					
Religion/Ethnicity:					
Closest Relative Name and Relatio	nship:				
Closest Relative Address:					
Your health: Phy	vsician's Name:				
Under treatment for:					
Emergency Contact Name/Number					
		_			
Full Name	Date of Birth	<u>Age</u>	Social Security Number		
With Whom Does Each Child Live					
Addresses for Each Child:					
Physical or emotional disabilities of					

What Schools are the Chil	dren Attending	, if any?			
What is the Name, Address		·		.,	
Are any of the Children se	eeing a Therapis	st/Counselor/Psy	chologist/Psy	chiatrist? YES	NO
If so, Please List the Name	e and Phone Nu	mber:			
Please list the addresses th	nat the children	have resided in,	with whom,	and the dates the child	dren resided at
each location for the previ	ious five (5) year	ars:			
Address			With	W	<u>hen</u>
	OTHER F	PARENT'S IN	NFORMAT	<u> TION</u>	
Full Legal Name:			Ni	ickname:	
Address:					
City:	State:	Zip Code: _		County:	
S.S. #:		D.O.B.:		Age:	
E-mail:					
Employer's Name:					
Employer's Address:					
Average Work Schedule:					

Office:	_ ext:	Office Fax:		
Home:	Best Time to Call:			
Cell:	_			
Attorney's Name:		Phor	ne #:	
Is he/she Remarried? (Please Circle)	YES	NO		
If so, New Spouse's Name:				
Is he/she Living with Anyone? (Please Circ	ele)	YES	NO	
If so, Please List:				
Place of Birth:				
Education completed:				
Religion/Ethnicity:				
Future (new) address:				
His/Her Health:				
Under treatment for:				
SUM	MARY	OF ISSUES		
Please Briefly State the Reason that you are	Here:			
Please Briefly State your Goals and/or Desir	red Outco	me:		

Telephone Numbers: