

Guardian Ad Litem Administrative Questionnaire

Please complete and return this form to the address or email above.

***Please note that one completed authorization form must be returned for each provider (physicians, teachers, therapist, DCF, hospital, etc.) listed below. Please attach additional pages if needed.*

Date: _____

Parent/Guardian Information:

First Name: _____

Last Name: _____

Street address, City/Town, State and Zip Code:

Home phone number: _____

Cell phone number: _____

E-mail address: _____

Date of birth: _____

Please list your maidens name (for criminal record search): _____

Please list the legal names of your parents: _____

Parent/Guardian Information Continued:

Are you currently employed? If so, please list the name of your employer, the number of hours you work each week, and the length of time you have worked there.

Are you current Married? Single? Divorced? Separated? Please provide the history of your relationship (when you met, began dating, how long you were married, or separated). If you are divorced, what led to the demise of your relationship? What is your ability to co-parent with the opposite partner?

Please describe where you (guardian/parent) were born and raised.

Parent/Guardian Education

Please list all high schools and colleges you have attended, if you graduated, and what year(s) you attended and graduated.

Parent/Guardian Information Continued:

Please list all children with their dates of birth in this matter.

Please list current childcare arrangements. Be sure to include the name of childcare provider, their contact information and the number of hours your child(ren) spend in childcare.

Parent/Guardian Housing

Please list your current residence, if you own or rent, how many bedrooms you have and how long you have lived at this address.

Who lives in your home (other than the minor children)?

Do you have any children from a prior/another relationship, living with you or someone else?

Please provide their names and living arrangements below.

Parent/Guardian Information Continued:

Please describe the present parenting plan/schedule for the children who are party to this evaluation:

Investigation/Evaluation Issues

Briefly describe what issues that are before the court below. Please use additional pages if necessary:

Parent/Guardian Information Continued:

Is there a present concern for drug and/or alcohol use/abuse for you or the other parent? Please explain any concerns or allegations:

Have you ever been arrested? Do you have a criminal record in Massachusetts or other states? Are you currently on probation and/or parole? If so, where? Please provide name and telephone number for your parole/probation office:

Has there ever been a 209A restraining order in this matter? If so, which court issued it? Have you ever sought a restraining order or had one issued against you by anyone?

Have you or the other parent ever attended an anger management or batterer's treatment program? If yes, please explain.

Parent/Guardian Information Continued:

In your relationship with the other parent, did you ever experience:

_____ Physical abuse. _____ Verbal Abuse _____ Sexual Abuse

Please describe your parenting strengths/weaknesses.

What would you say are the other parent's parenting strengths/weaknesses?

In your opinion, what are the most significant problems in the co-parenting relationship? How well do the two of you communicate with each other about the children's issues such as discipline, education, medical issues and extra-curricular activities?

Parent/Guardian Information Continued:

What is the current schedule for parenting time?

Are you asking the court to make a change in the current parenting schedule? If so, please explain and describe. What is your proposed schedule? Please include days, times and transportation?

Please list any police departments that have been involved with your family.

Is the Department of Children and Families involved with your family? If so, what is the contact information for your social worker?

Parent/Guardian Mental Health History

Have you ever been treated for a mental health condition?

_____ Yes _____ No

If yes, please provide the dates of treatment and what diagnosis' you were treated for?

Do you (the parent) take prescription medication for any medical condition or psychiatric condition?

Please include all medication, dosages and the prescriber for each medication.

Please list your (parent) behavior health provider's name, address and telephone number.

Have you ever been hospitalized for a mental health condition either voluntarily or involuntarily?

_____ Yes _____ No

If yes, please list each hospital and the dates of each admission.

Have you ever been hospitalized or been treated for substance abuse? If so, please list all treatment facilities and hospitals, including dates for each hospitalization.

Collateral Contacts

Please provide three names of collateral people you would like this evaluator to speak with. Please be sure to include their full name, address, telephone number(s) and relation to you and your child(ren).

Please share additional information you wish this Evaluator to be made aware of.

In your own words, please describe your child(ren), how he/she/they are doing emotionally, academically, socially. What are your greatest concerns for your child(ren) and what would you like to see happen as a result of this evaluation? Please write your response below.

Child(ren's) Education

Please list your child(ren's) school name, the school's telephone number and each child's school level.

Does your child receive special education services? If so, list the specific areas he/she receives services or accommodations in.

Child(ren's) Providers

Please list your child(ren's) medical and behavioral health providers, their addresses and telephone numbers.

Please return this form to the address or email on page one of this form.

Thank you
Maryann Paleologopoulos