
Parent Name

Case No.

Oklahoma GAL Services, LLC

GUARDIAN AD-LITEM INTAKE FORM

Prepared for use by Guardian ad Litem

1. YOUR INFORMATION:

a. Name: _____

b. Address: _____

c. Phone: _____

Home

Work

Cell

Other

d. D.L. Number and State: _____

e. Social Security Number: _____

f. Date of Birth: _____

g. Place of Birth: _____

h. Place of Employment: _____

i. Length of Employment: _____

j. E-Mail _____

k. Indian Tribe: _____

i. Enrolled Member? Yes ____ No ____

ii. Degree of Indian Blood: _____

iii. Roll Number: _____

iv. C.D.I.B. Card? Yes ____ No ____

(1) If yes, please provide copy

l. Facebook user/page? _____

i. If so, name used: _____

- m. Twitter user? _____
- i. If so, name used: _____

2. YOUR CURRENT SPOUSE/SIGNIFICANT OTHER:

- a. Name: _____
- b. Address: _____
- c. Phone: _____
- d. Social Security Number: _____
- e. Date of Birth: _____
- f. Place of Employment: _____
- g. Length of Employment: _____
- h. Children by previous relationship: _____

Home
Work
Cell
Other

(List names, ages and, if minors, custody/visitation arrangement)
(Continue on back or attach additional sheets as necessary)

- i. E-Mail _____
- j. Indian Tribe: _____
 - i. Enrolled Member? Yes ____ No ____
 - ii. Degree of Indian Blood: _____
 - iii. Roll Number: _____
 - iv. C.D.I.B. Card? Yes ____ No ____

(1) If yes, please provide copy

- k. Facebook user/page? _____
- i. If so, name used: _____
- l. Twitter user? _____
- i. If so, name used: _____

3. OPPOSING PARTY'S INFORMATION:

- a. Name: _____
- b. Address: _____
- c. Phone: _____
- Home
- Work
- Cell
- Other
- d. Date of Birth: _____
- h. Place of Employment: _____
- e. Length of Employment: _____
- f. E-Mail _____
- g. Indian Tribe: _____
- i. Enrolled Member? Yes ____ No ____
- ii. Degree of Indian Blood: _____
- iii. Roll Number: _____
- iv. C.D.I.B. Card? Yes ____ No ____
- (1) If yes, please provide copy
- h. Facebook user/page? _____
- i. If so, name used: _____
- i. Twitter user? _____
- i. If so, name used: _____

4. MINOR CHILD'S/CHILDREN'S INFORMATION:

a. Name of Child: _____
Date of Birth: _____
Social Security Number: _____
Mother's Name _____
Father's Name _____
Name of School: _____
 i. Address : _____
 ii. Phone: _____
Grade/Teacher: _____
Briefly describe your opinion of the child's progress in school:

b. Name of Child: _____
 Check here if this child is not a subject of this case. If so, no other information is required.
Date of Birth: _____
Social Security Number: _____
Mother's Name _____
Father's Name _____
Name of School: _____
 i. Address : _____
 ii. Phone: _____
Grade/Teacher: _____
Briefly describe your opinion of the child's progress in school:

c. Name of Child: _____

☐Check here if this child is not a subject of this case. If so, no other information is required.

Date of Birth: _____

Social Security Number: _____

Mother's Name _____

Father's Name _____

Name of School: _____

 i. Address : _____

 ii. Phone: _____

Grade/Teacher: _____

Briefly describe your opinion of the child's progress in school:

5. OTHER HOUSEHOLD MEMBERS:

NAME	DOB	RELATIONSHIP TO YOU	GENDER	SSN

6. YOUR EXTENDED FAMILY (if applicable):

a. Mother: _____

Address: _____

Telephone: _____

Briefly describe your relationship: _____

b. Father: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

c. Step-Mother: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

d. Step-Father: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

e. Sibling: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

f. Sibling: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

g. Sibling: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

7. SPOUSE OR SIGNIFICANT OTHER'S EXTENDED FAMILY:

a. Mother: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

b. Father: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

c. Step-Mother: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

d. Step-Father: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

e. Sibling: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

f. Sibling: _____
Address: _____

Telephone: _____
Briefly describe your relationship: _____

f. Sibling: _____
 Address: _____
 Telephone: _____
 Briefly describe your relationship: _____

8. EDUCATION:

	YOU	SPOUSE/SIGNIFICANT OTHER
Highest Grade Completed		
Name of High School		
Other Education		

9. POLICE AND/OR CRIMINAL HISTORY:

a. List each and every contact you have had with the police, sheriff or other law enforcement officer and include the dates and times for each incident, description of each such incident and the final resolution of each such contact. Further, list each and every criminal court case in which you were either the offender or the victim, and for each such case, list the plaintiff and defendant, the court case number and the final resolution of each such court case.

NOTE: If your current spouse/significant other has a criminal record, please provide detailed information on a separate sheet of paper (or you may write on the reverse of these pages.)

10. TRANSPORTATION:

a. Please list vehicles available for your use:

YEAR	MAKE	MODEL

11. HEALTH/MEDICAL INFORMATION:

a. Identify all mental health or physical health problems that you, or your spouse/ significant other have had from any serious illness or injury.

i. You: _____

ii. Spouse/Significant Other: _____

b. List all prescribed medicine being taken by members of your household:

i. You: _____

ii. Spouse/Significant Other: _____

12. PARENTING QUESTIONNAIRE:

a. What do you feel are your strengths as a parent?

b. When a child under the age of ten does a wrong thing, how is this child corrected?

c. If a child repeats this behavior, what is your response?

d. If a child over the age of ten does a wrong thing, how is this child corrected?

e. If a child repeats this behavior, what is your response?

f. What role does religion play in your life?

g. Have you or any member of your household ever used an illegal drug?

i. If yes, please explain: _____

- h. Do you or any member of your household drink alcohol? _____
- i. If yes, please list the type of alcohol and the average amount consumed per month: _____

- i. Do you or any member of your household smoke tobacco? _____
- i. If yes, please describe the amount and frequency of tobacco consumed: _____

- j. Have you or any member of your family been involved with Child Welfare Services? _____
- i. If yes, please explain as to each involvement: _____

- k. Have you or any other member of your household committed an act of violence toward another person? _____
- i. If yes, please explain: _____

- l. Have you or any other member of your household ever applied for a Victim's Protective Order? _____
- i. If yes, please list the following:
- (1) Date of incident: _____
- (2) Was Order issued? _____
- (3) Is Order still in effect? _____
- (4) State and County of Issuance: _____
- (5) Case Number: _____
- m. Have you or any other member of your household ever participated in individual and/or group counseling? _____

i. If yes, please list the individual and describe the events necessitating such counseling: _____

n. Have you or any other member of your household ever participated in an alcohol or drug abuse treatment program? _____

i. If yes, please list the individual and describe the event necessitating participation in such program: _____

o. How were you disciplined as a child?

p. How do you discipline your child/children?

q. Describe your relationship with your child/children.

r. Describe your relationship with the people who raised you.

s. List three activities your family enjoys together.

t. As a child, what values were taught in your home?

u. What do you do to help cope with stress?

v. What is the other party going to say about you that is negative?

w. What negative things would you say about the other party?

x. What positive parenting skills do you possess?

y. What positive parenting skills does the other party possess?

14. REFERENCES/WITNESSES:

Provide a list of people you would like for me to contact with information on this case:

Name:	_____	
Address:	_____	

Phone:	_____	Home
	_____	Work
	_____	Cell
	_____	Other

Relationship: (neighbor, counselor, teacher, etc.) _____

How long have you known this person? _____

Date this person last saw your children. _____

How many times in last 12 months has this person seen your children? _____

When was the last time this person saw you? _____

When was the last time this person saw the other parent? _____

If this reference has never met the other parent, indicate that on the line above.

Has this person ever come to court and testified on this case? _____

What can this person tell me about your children or you or the other parent that will be helpful to my investigation regarding the best interest of your children?

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Other

Relationship: (neighbor, counselor, teacher, etc.) _____

How long have you known this person? _____

Date this person last saw your children. _____

How many times in last 12 months has this person seen your children? _____

When was the last time this person saw you? _____

When was the last time this person saw the other parent? _____

If this reference has never met the other parent, indicate that on the line above.

Has this person ever come to court and testified on this case? _____

What can this person tell me about your children or you or the other parent that will be helpful to my investigation regarding the best interest of your children?

Name: _____

Address: _____

Phone: _____

Home

Work

Cell

Other

Relationship: (neighbor, counselor, teacher, etc.) _____

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When was the last time this person saw the other parent? _____

If this reference has never met the other parent, indicate that on the line above.

Has this person ever come to court and testified on this case? _____

What can this person tell me about your children or you or the other parent that will be helpful to my investigation regarding the best interest of your children?

(Use this area for additional witnesses)

