



Focused on Resolution through Dialogue

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Dear GAL Client:

I wanted to take a minute to try to go over a few things regarding my involvement as the Guardian Ad Litem (GAL) in your case, pursuant to the Order that the Judge entered. I'm looking forward to being able to assist in your case, we'll also have a chance to cover this and several other topics when we meet in person for the first time and throughout the case.

Financial Aspect of Appointment

First, the financial aspect of my appointment. **My retainer in this case will be \$3,000.00 (\$1,500.00 each) and it represents an initial payment and is not a flat fee, however, my plan is to make the most of the time and only bill above that amount if necessary. You will be billed via an hourly rate of \$200.00 for all of my time in this matter.** Billable time includes but is not limited to: interviews with the parties/third parties, telephone calls with parties or their counsels, emails, reviewing pleadings, preparing for hearings/trial (if necessary) and court appearances.

Regarding the payment of the initial retainer (split 50/50 per the Order, so \$1,500.00 each), please make payment of your share of the retainer as soon as possible, as I will not meet or begin work on the case until payment has been made. My office will accept payment by check, cash, money order or cashier's check. You can pay is online at www.tersteggelaw.com. A \$30 processing fee will apply to each and every online credit card payment, which is charged separately.

Brief Overview of Appointment

So I wanted to explain briefly that my responsibility as the GAL is to act as the "eyes and ears of the Court" with respect to the best interests of you and your child(ren). As such, I have a duty to investigate and report to the Court all matters relevant to her best interests. After I have completed my investigation, I will provide my recommendation to the parties and the attorneys regarding the contested issues in this matter should that be necessary. If the parties are unable to agree on the contested issues after my recommendation, the ultimate decision maker on the best interests of the

kids will be the judge, and not me. I stress this point because often the parties think that the GAL has the final say, which is simply not the case.

As part of my duties I will need to speak to you on multiple occasions, very likely make home visit(s) and talk to other "collateral witnesses" like other household and family members, alternate care providers, friends - or if it's necessitated, individuals like pediatricians, other health care providers, coaches, etc. - essentially anyone that has relevant information that supports your position on whatever the issues are.

A few very important points that you should know right off the bat - and I apologize if this is repeated information from what your respective attorney(s) have already told you:

- 1) I do not represent you and cannot provide you with legal advice. That is for you to go over with your attorney.
- 2) Furthermore, I am not the attorney for your child(ren). Rather, as I explained above, I was appointed to investigate and give a recommendation regarding their best interests - that's my only role in this matter.
- 3) As the Court's representative for you and your child(ren)'s best interests, nothing that is said in our meetings or conversations is confidential. This is an important distinction that differs from the attorney/client privilege. Anything we talk about, or anything you send me, could be repeated in communications with the other party/their attorney or used in the Court proceedings, hypothetically.

I wanted to let you know and encourage you to feel free to reach out to me with anything you think I should know as it relates to your child(ren), whenever you have something to share. I don't want you to think that you're ever "bothering me" when you reach out to me via email (which is just easier to compile and organize everything) or over the phone - I'm always open to hear whatever you need to tell me, and I'd much rather have "too much" information than not enough.

This is an important point because as I'm sure your attorney told you, I can only make a recommendation based on the information I have at my disposal. Therefore, if you feel there's something that I should be considering in my investigation/determination of you and your child(ren)'s best interests, please advise me of that as soon as possible and if you have supporting documentation (text messages, emails, written reports, etc.) - send that to me via email as well.

I frequently check my e-mail and as I mentioned, it's my preferred method of communication, however we will set up a phone call or video conversation ASAP to meet each other and get this process started.

As a heads up, I also may need to have one or both of you sign releases with respect to records for you or and or to allow communications with school/medical professionals that I need to aid my investigation, I will keep you posted on that after our initial meetings and throughout my involvement.

Please let me know your schedule for this upcoming week and times that work for you to do our initial meeting. We'll discuss home visits and other steps as well once we connect.

I know this is stressful having someone that you don't know looking into the best interests of your children - but I assure you, I know how vital the role of the GAL is in the family court system and I take the responsibility very seriously.

Thanks for taking the time to review this and I look forward to touching base and your reply about some dates/times to connect this week.

Best Regards,



Martia P. Terstegge

Your Home Address for Home Visits: _____

Your Child(ren)'s Names and d/o/b: _____

Best Days/Times for Home Visit with you and child(ren): _____

- ☐ Reviewed and Signed this Agreement
- ☐ Provided All Contact Info Above
- ☐ Made Payment to GAL of \$1,500.00
- ☐ Signed Release(s) with current providers of minor(s)
- ☐ Gave copy of this document to your attorney (if you have one)

- ☐ I hereby give the GAL appointed in my case permission to take photographs of my home for legal purposes.

Signature

GUARDIAN AD LITEM PARENT INTAKE FORM

DATE: _____

PERSONAL INFORMATION:

Full Name:		
All Previous Names:		
Nicknames:		
Address:		
How long at this address?		
Telephone Number:		(home)(cell)(work)
Alternate Telephone Number:		(home)(cell)(work)
E-mail address:		
Date of Birth:		
Social Security#		
Driver's License #		
Is Driver's License Suspended?		
Are you married?		
Date of marriage:		
Spouse's name:		
Employer:		
How long employed for this employer?		
Work Location:		

Occupation:	
Work Days/Hours:	
Any other employers?	
Approximate Annual Income	
Highest level of education?	
Served in military?	
If you have served in the military, are you currently serving?	
Which branch of service?	

CASE INFORMATION:

County:	
Case Number:	
Opposing Party:	
Next Court Date:	
Your Attorney's Name:	
Your Attorney's Phone Number:	
Your Attorney's E-mail:	
Your Attorney's Address:	

HOUSEHOLD:

Names of all adult persons residing in your home now or at any time in the last twelve months:	Relationship to you

CHILD(REN): (born or adopted by the parents)

Child(ren)'s name	Child(ren)'s Date of Birth	State of Birth

Please describe any special needs of the child(ren):

OTHER CHILDREN: (step-siblings, half-siblings, etc.-not part of this case)

Child(ren)'s name	Child(ren)'s Date of Birth
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EXTENDED FAMILY:

Names of all living extended family members and the city and state of their residence:	Relationship to child(ren)

TOBACCO/NICOTINE/ALCOHOL/DRUG USE:

Name of each person who uses tobacco, nicotine, alcohol, or drugs (including marijuana)	Identify substance(s) used: Tobacco, Nicotine, Alcohol or Drugs	How Often?

Do any of the individuals listed above, transport the child(ren)? If so, how often?	
Do any of the individuals listed above, use tobacco, nicotine, alcohol or drugs before or while transporting the child(ren)?	
Do you or does anyone in your household have any charges or convictions for driving under the influence or driving while intoxicated? If so, please list all charges, county where individual received charges, and dates of all charges.	
Do you have any information about the other parent using tobacco, nicotine, alcohol, or drugs while transporting the child(ren)? If so, please explain:	

SOCIAL MEDIA/ONLINE INFORMATION

Are you on any online platforms/social media/dating websites? (For example, Facebook, Snapchat, Twitter, WhatsApp, Instagram, Pinterest, YouTube, Tinder, eHarmony, Bumble, OkCupid, Plenty of Fish, etc.)	
If, yes, please list online application or platform below:	Please list complete online application or platform login name:
Are any of the children on any online platforms/social media websites? (For example, Facebook, Snapchat, Twitter, WhatsApp, Instagram, YouTube, Pinterest, etc.)	
If, yes, please list online application or platform below:	Please list child's complete online application or platform login name:

EDUCATION/SCHOOL: (children)

Child(ren)'s first name	Name of School Attending	Current Grade Level

HEALTH/DENTALNISION/COUNSELING: {children}

Child(ren)'s first name	Name of Provider	Doctor/Dentist/Counselor

Please describe any health concerns for you and the child(ren), including any diagnosis, treatment, and prescriptions:

EXTRA-CURRICULAR ACTIVITIES: (children)

Child(ren)'s first name	Name of Activity	Location

RELIGION:

List all places of worship attended in last five (5) years:		Location
Has the child(ren) been baptized?	If yes, where?	
How often do you attend worship services?		Where?

How often did the family attend worship services?	Where?

TRANSPORTATION/EXCHANGE

Please explain describe the transportation and exchange of the child(ren) to and from the other parent's home:
Please list and describe the exchange location for the child(ren). If the exchange location is a public place, please describe why the exchange occurs at the public location:

Do you have an approved child safety seat installed in your vehicle that is age-appropriate for the child(ren)? If so, please describe the child safety seat and the location of where the child safety seat is located in your vehicle:
If your child(ren) is not required to have a child safety seat, then please describe the location in the vehicle where the child typically sits when being transported:
Do you require the child(ren) to wear a safety belt while traveling in the car? If not, why not?
Do you have car insurance on all vehicles in which you travel with the child(ren)? If so, who is the car insurance carrier?

CRIMINAL HISTORY:

For each criminal charge/conviction for yourself and any adult or minor living in the home, list the following:

Person Charged/Convicted:	
County:	
Case Number:	
Outcome:	
If still pending, next court date:	
Attorney's Name:	

Person Charge/Convicted:	
County:	
Case Number:	
Outcome:	
If still pending, next court date:	
Attorney's Name:	

Person Charge/Convicted:	
County:	
Case Number:	
Outcome:	
If still pending, next court date:	
Attorney's Name:	

Person Charge/Convicted:	
County:	
Case Number:	
Outcome:	
If still pending, next Court Date:	
Attorney's Name:	

ORDERS OF PROTECTION:

For each Order of Protection involving any adults or children in either home, list the following:	
Persons Involved:	
County:	
Case Number:	
Active, Expired or Dismissed?	
If still pending, next court date:	
Attorney's Name:	

Persons Involved:	
County:	
Case Number:	
Active, Expired, or Dismissed?	
If still pending, next court date:	
Attorney's Name:	

DCFS

For any DCFS investigation involving any adults or children in either home, list the following:	
Persons Involved:	
Alleged Perpetrator:	
Alleged Victim:	
Open or Closed	
Outcome	
Month and Year	

Persons Involved:	
Alleged Perpetrator:	
Alleged Victim:	
Open or Closed	
Outcome	
Month and Year	

POLICE REPORTS:

For any police reports or investigations involving any adults or children in either home, list the following:	
Police Department:	
Persons Involved:	
Month and Year of Report	

| Police Department:

Persons Involved:	
Month and Year of Report	

Police Department:	
Persons Involved:	
Month and Year of Report	

PARENTING TIME:

Please describe the current parenting time schedule for the child(ren):

Please describe your child(ren)'s strengths and weaknesses:

Please describe your strengths as a parent:

Please describe your weaknesses as a parent:

Please describe the other parent's strengths as a parent:

Please describe the other parent's weaknesses as a parent:

Please provide a brief description of the dispute concerning the child(ren):

Please describe your proposals for possible outcome and resolution of the dispute:

Please list or describe your goals for the outcome and resolution of the dispute:
Please list or describe any other concerns for your child(ren):

Name and telephone number of any person or individual you believe may be helpful to interview	Relationship to you

