

GUARDIAN AD LITEM QUESTIONNAIRE

Please note that a copy of your responses to this questionnaire will not be reproduced to anyone, unless court ordered and will be maintained confidentially as required by Georgia law and Uniform Superior Court Rules.

Your Name:

How do you prefer to be addressed? (Example: Bob, Mr. Smith)	Date of Birth
--	---------------

Driver's License #	
--------------------	--

Home Address:	Street Address:	City	State	Zip
---------------	-----------------	------	-------	-----

How long have you resided at this address? If less than 1 year, please state your last address.

Home Phone:	Work Phone:
Cell Phone:	Best place and time to contact you:

Email Address:	
Are you married?	Date of Marriage:

Name and contact information for your Spouse:

Is the opposing party your spouse? If no, please provide the opposing party's name.

What is your primary language?

Home Life

List the 1) name 2) age of all persons residing in your home. For anyone who is not your child, please describe your relationship to that person (examples: "mother", "girlfriend", "grandfather"):

Please state if you rent or own your home?
--

Please state if you are current in your rent/mortgage?
--

Please provide a description of your home? (# of bedrooms and baths):

Please describe the sleeping arrangements for the child(ren):

--

CHILD(REN)

If you have more than one child, please use attach appendix “A” for each additional child that are subject to the Guardian Ad Litem Order.

Name:		Date of Birth:	
Who is the child primarily residing with? (Name and address if different from party)			
Grade level:		Name of Child Care and/or School of attendance:	
School/Child Care the child attended last school year, if different from current.		Does the child have a IEP and/or 504 plan? If yes, please attach	
PLEASE ATTACH A MOST RECENT PROGRESS REPORT OR REPORT CARD.			
Extracurricular Activities or interest:		Medications:	
Medical and/or Mental Health diagnoses:			
Names, addresses, and telephone numbers of any physicians, psychologists, psychiatrists, educational consultants, or any other mental health professional who has seen the child or children since birth. Please give as detailed reason for this professional contact.			
Are you paying child support for this child? If so, how much? If different from a party to this action, please list name.			

Education/Professional Licenses

Do you have a high school diploma or GED? _____

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

College, date of graduation, course of study and degree received: _____

Professional licenses held:
(State and license) _____

Criminal History

Have you ever been arrested? _____

For each arrest, please state the following:

1. Dates of arrest, 2. Charge, 3. Location. 4. Disposition

Do you have warrants for your arrest? _____

Please list all driving infraction and citations you have received in the past 3 years. State the following: 1. Year of infraction, 2. Charge, 3. Location, 4. Disposition

Treatment History

Please provide the name, address and telephone number of any individual you have seen or are currently seeing for therapy, counseling, psychiatric, substance abuse treatment or psychological treatment:

GAL Questionnaire

Have you ever been investigated by Department of Family and Children's Services (DFCS) or Child Protective Services (CPS).

If so, please state the approximate date of the investigation, the reason for the investigation, and the outcome of the investigation.

In your own words, please tell me what you think this case is about:

What is the outcome you would like to see for this case?

List your top three qualities as a parent.

List the top three qualities of the other parent.

List three issues you struggle with as a parent OR ways you feel you could improve as a parent.

List any concerns you have about the other parent and his/her abilities as a parent.

How do you most often communicate with the other parent?

GAL Questionnaire

Do you have trouble communicating with the other parent? If yes, what problem occur most often.

Do you and the co-parent still live in the same house? If no, who moved out and when? Was the move out agreed upon, voluntary or court-ordered? Please explain and share where and with whom the children have primarily resided.

What type of custody or visitation schedule have the children been following?

Are there any problems with the current custody/visitation schedule? If so, what are the problems? Please explain.

What type of custody/visitation plan do you feel is in the best interest of the child/ren?

Please describe the current emotional state of your child regarding this legal action, to the best of your knowledge:

What are activities that you and your children enjoy together?

What are your hobbies, interests, cultural, or religious practices that are important to you?

GAL Questionnaire

Please list (a) name (b) telephone number (c) address (d) occupation and (e) relationship of the witness to your children of each witness that you think the Guardian Ad Litem should interview to determine the best interests of your children in this proceeding:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

Please list any specific questions you have for me:

[illegible]

I SWEAR AND AFFIRM THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

This _____ day of _____, 20_____.

Party Signature

Printed Name

Appendix "A"
CHILD(REN)

Name:		Date of Birth:	
Who is the child primarily residing with? (Name and address if different from party)			
Grade level:		Name of Child Care and/or School of attendance:	
School/Child Care the child attended last school year, if different from current.		Does the child have a IEP and/or 504 plan? If yes, please attach	
PLEASE ATTACH A MOST RECENT PROGRESS REPORT OR REPORT CARD.			
Extracurricular Activities or interest:		Medications:	
Medical and/or Mental Health diagnoses:			
Names, addresses, and telephone numbers of any physicians, psychologists, psychiatrists, educational consultants, or any other mental health professional who has seen the child or children since birth. Please give as detailed reason for this professional contact.			
Are you paying child support for this child? If so, how much? If different from a party to this action, please list name.			