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Guardian Ad Litem Information Packet

Greetings,

If you're reading this, I have been appointed as guardian ad litem for one or more minor children involved in your pending case. If that is not the case, please do not proceed any further as the only way for me to become guardian ad litem for your children is to be formally appointed by the Court.

That having been said; thank you for taking the time to fill out this packet as completely as you can. This packet has been revised several times over the years. Each time my goal is to gather as much relevant information as possible regarding your family history and the present issues that bring you to Court. Each question herein is asked for a reason, but it is not uncommon for a party to not have answers to *every* question. If you do not know an answer, that is okay. As we work our way through your case, please keep the following in mind.

- It is your responsibility to schedule the initial meeting with me. I will try to work around your schedule (evening and weekend appointments may be available).
- You may email me the completed packet before our first meeting or simply bring it to our first meeting; however, my receipt of a completed packet is a prerequisite for our first meeting. If you do not bring it, the meeting will have to be rescheduled.
- My role in your case is to advocate for what I believe is the "best interest" of the minor children for whom I have been appointed guardian ad litem. I do this by familiarizing myself with your case, interviewing the parents or guardians of the minor children and the minor children themselves (if they are old enough). Before a final hearing, I file a report with the Court which includes my recommendation regarding the issues pending before the Court that relate to the minor children.
- I will almost always do a home visit to your house at some point during this case (unless the Parties and the Court expressly waive such a visit). Please do not worry about preparing your home in any special way.
- I will speak with your children (if they are old enough) at least once, and likely several times during the case. It is important that I speak with your children without you or anyone else present. This may be done at my office; your child's school or at the child's home / homes (if and only if privacy can be provided).
- I am not the Judge or Magistrate on your case. I do not have the power to enforce a court's order or remedy a situation involving the other parent.
- I am not an attorney for either parent / guardian. I cannot offer you legal advice.
- After you have completed this packet, if you have additional information to share with me email is the best way to do so. If you have questions for me, you are welcome to call me during normal business hours. I endeavor to return phone calls or emails as soon as possible.
- Please fill out a "[GAL School Records Release](#)" form (available on my website) for each school attended by your children (multiple children can be on a single release for a single school). You should also fill out the same form for any daycare the child attends.

- Please fill out a “HIPPA Release” form (available on my website) for any medical provider who treats the child. This is of particular importance if issues related to the child’s medical or mental health are relevant to the present Court case. I generally do not need a signed release for your child’s dentist, orthodontist or optometrist unless you believe those professionals have relevant information related to your case.
- I am a mandatory reporter. This means that if I know or have reasonable first-hand knowledge to suspect, that a child is being abused or neglected, I am required to report it to the local child protective services agency.
- Please keep me apprised on any substantial changes to the information that you have provided in this packet. I do rely on the information you provide and it is important that it be kept up to date. An email updating any significant changed information is generally sufficient.
- My deposit is due by the due date in the Court Order appointing me. You may either (1) make a payment on my website; or (2) bring the payment to my office for our first meeting. I will periodically send you and other party invoices throughout this process. I bill my time in six (6) minute increments. Any deposit you have paid will be applied toward your share of the invoice (per the appointment order). When the deposit is exhausted I will request additional funds from the Parties including via a “Motion for Additional Deposit” to the Court. I usually require trial deposits from each party if the final hearing is approaching and there has not been a settlement. If you ever have a question about an invoice or deposit, please do not hesitate to contact me. You will not be charged for any time spent addressing these issues.
- I ask that you sign below to indicate your understanding of the information provided.

I am looking forward to working with you.



Christopher Tamms

I have read and understand the above information.

Signature

Printed Name

Date

I. Your Contact Information

Name. _____ Date of Birth: _____ SS No. _____

Address. _____

Phone. _____ Email Address. _____

Any other names (including maiden name): _____

State all Counties / States in which you have resided during the past 10 years: _____

II. Opposing Party Contact Information

Name. _____ Date of Birth: _____ SS No. _____

Address. _____

Phone. _____ Email Address. _____

III. Children's Information

1. Name: _____ DOB: _____ Age _____

School District / School: _____ Grade: _____

Interests: _____

2. Name: _____ DOB: _____ Age _____

School District / School: _____ Grade: _____

Interests: _____

3. Name: _____ DOB: _____ Age _____

School District / School: _____ Grade: _____

Interests: _____

Do any of the children have any medical issues, mental health issues or special needs? If so please describe. _____

Have any of the children been in trouble with law enforcement? _____

For each of the following please list the individuals who provide services to the children. If there is more than one, list each.

Name, Address, Phone Number and email	Relationship to the child	Is there anything important I should discuss with them?
	Children's Doctors	
	Daycare Providers for the Children	
	Counselors	
	Teachers. It is not necessary that you list out every teacher with whom your child interacts.	

IV. Your Household Information

List all people who have resided in at your address during the **past six months** including part time you do not have to list the children.

Full Legal Name	DOB	Relationship to you	Date Moved Out (if not there anymore)	Criminal Record?
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Current Relationship: Are you romantically involved with any other person? YES NO

Name _____ Address _____

Phone Number: _____ Email: _____

DOB _____ Length of Relationship _____ Contact with the minor children? YES NO

Criminal Record: _____

Any History with Child Protective Services _____

V. Questions: Please provide all details and use additional paper if necessary.

1. Has the other party to this case or anyone else ever accused you of abusing alcohol or drugs? If your answer is anything other than an unqualified “No” provide details (a YES answer is not an admission to the truth of any allegation).

2. Have you ever entered into a drug or alcohol treatment program? If your answer is anything other than an unqualified “No” state the name, address, and phone number of the treatment program.

3. Are you being treated for any physical health condition that limits one or more major life activities? If your answer is anything other than an unqualified “No” please state the condition and describe any limitations to your daily life.

4. Are you being treated for any mental health condition presently or at any time during the past seven (7) years? If your answer is anything other than an unqualified “No”

please identify the condition; how / when it was diagnosed; and how you are currently treating it.

If you are or have been under the care of a mental health professional during the past seven (7) years please state the professional's full name (including their practice name); their phone number; the dates you received treatment; the nature of the treatment; and if applicable, the reason why the treatment was discontinued.

5. Have you ever had a case filed against you with Child Protective Services? If your answer is anything other than an unqualified "No" please describe the circumstances / allegations; the approximate dates and any action that was taken.

6. Have you ever reported any other Party in this case to child protective services for any reason? If your answer is anything other than an unqualified "No" please describe the circumstances / allegations; the approximate dates and any action that was taken.

7. Have you ever been involved in another case in any Court at any time involving custody of the children involved in this case or any other child of yours? If your answer is anything other than an unqualified "No" please state the case number, the name of the Court (including the county) and the outcome of the case.

8. Has a civil protection order ever been issued against you? If your answer is anything other than an unqualified “No” please state the name of the court issuing the order and provide a copy of the order. This includes “*ex-parte* orders” that were subsequently dismissed.

9. Have you ever filed a civil protection order (CPO) against the other party or anyone else? If your answer is anything other than an unqualified “No” please state the name of the court issuing the order and provide a copy of the order. This includes “*ex-parte* orders” that were subsequently dismissed.

10. Do you have a valid drivers’ license? YES State / Number _____ NO

If your answer is “No” State the reasons why you do not _____

Has your drivers’ license been suspended during the past 5 years? YES NO

If YES, Why _____

11. Have law enforcement been called to your home during the past 5 years? If your answer is anything other than an unqualified “No” please describe the circumstances and provide dates and times that law enforcement was present.

VI. Arrest / Criminal Record- Please disclose each and every charge for any crime of any nature (excluding minor traffic offenses.. OVI and Reckless Driving are not minor). You are primarily being asked to provide information for yourself and anyone with whom you identified in **Section IV** of this packet as residing with you. You may also provide information (and should) regarding the other party and anyone with whom they reside of which you are aware. Use additional sheets of paper if necessary. Please take the time to verify your information especially as it relates to yourself.

Name of Person	Crime(s) charged	Date / Court / Case Number	Result / Sentence
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<i>Chester McNulty</i>	<i>Domestic Violence</i>	<i>12/31/2019</i> <i>Franklin Muni 20CRB11223</i>	Pled guilty to disorderly conduct. 90 days probation.

VII. Employment

Current Employer

Name _____

Address: _____

Salary / Hourly Rate _____

Normal Weekly Work Schedule _____

How long have you been with this employer? _____

Previous Employers / Salary / Work Schedules / Dates of Employment

Employer	Salary / Hourly Rate	Normal Work Schedule	Dates of Employment

What is your highest level of education? If you have a college degree or special certification please disclose. _____

VIII. Child Support / Health Insurance

Who pays child support? ME OTHER PARTY NO CURRENT ORDER

Amount of Monthly Support _____ Is the support order substantially current? YES NO

If NO state the amount of arrearages _____.

Who provides medical insurance for the children? ME OTHER PARTY OTHER (Medicaid)

IX. Issues in this case

What specifically brought you to Court / back to Court in this Case? What are your goals in this case whether it is the first time or this time around?

Describe the current parenting time arrangement with the other parent: _____

Describe what parenting time arrangement you feel is in the minor children's best interest and why? If you feel you should have more parenting time than the other parent, please state your reasons why. If you believe that you should have final decision-making authority in one or more

areas (medical, educational, extracurricular, etc), please state why you feel such an arrangement is in the minor-children's best interest.

What are the specific issues in this case as you see them? (check any and all that apply and describe in detail)

☐ Financial issues (i.e. child support, sharing expenses, etc.) _____

☐ Interference with parenting time _____

☐ Conflict with the other parent / step parent / significant other _____

☐ Child doesn't want to see me OR doesn't want to see the other Parent _____

☐ Issues with decision-making _____

☐ Safety Concerns _____

☐ Abuse or Neglect of children _____

☐ Issues with Extracurricular activities _____

☐ Issues with school / academic performance _____

☐ Different parenting styles / rules / discipline / expectations at each house _____

☐ Logistical Issues including transportation or exchange times / places_____

☐ I want to move / The other parent wants to move_____

☐ health issues with the children_____

☐ alcohol abuse / substance abuse _____

☐ mental health issues _____

☐ other issue(s)- please describe_____

Name one thing regarding the children that the other parent / other party does better than you

Have you and the other party tried any of the following? (Circle all that apply)

COUNSELING PARENTING COACHING PARENTING COORDINATION

When & With Whom _____

Why did it end: _____

Relocation: Do you have any plans to move to a different school district? YES NO.

If your answer is anything other than an unqualified “NO” please describe your plans and reasons for the move

X. People with knowledge

Provide the contact information for a couple of people whom I can contact regarding the issues you’ve raised regarding the children. The ideal candidates will have witnessed issues relevant to the case firsthand and be familiar with you, the other parent, the children and / or any combination thereof.

