



Guardian Ad Litem (GAL) Information Packet

Thank you for taking the time to fill out this packet truthfully, fully and accurately. I ask that you provide me with as much information as you can as the information provided by you via this packet is a big part of what I use to write my report and make my recommendation.

PLEASE NOTE THE FOLLOWING

- Please take the time to verify information that is readily available on the internet (including dates and case numbers). This will save me time and will save you money. If you are unsure of certain information, please say so.
- It is your responsibility to schedule the initial meeting with the GAL after you have completed this packet.
- You are responsible for paying the GAL's retainer by the due date stated in the court's order unless other arrangements have been made with the GAL. Payment may be made on the GAL's website. Payments should be made as "retainer payments." Please note that while the GAL may endeavor to work with a party on payment arrangements, the GAL *does not* have the power to modify a Court's order regarding payment.
- I will send periodic invoices to the parties. Once the initial retainer is exhausted the GAL reserves the right to seek court orders regarding additional payments.
- If at any time you have a question about an invoice, please do not hesitate to contact the GAL. You will not be charged for any time spent discussing or clarifying any invoice or bill.
- You may generally contact the GAL by phone or email. The GAL will endeavor to respond to your communication as soon as possible. Email will generally elicit a quicker response.
- The GAL is NOT the Judge or Magistrate on your case. I do not have the power to enforce a court's decision or remedy a situation involving the other parent even if you clearly think you are in the right. I cannot order the order party to do anything or to stop doing something. If an issue arises, the best way to document it is via an email clearly stating the date the issue occurred, and providing reasonable (not excessive) detail.
- The GAL will do a home visit to your house at some point during this case. It is not required that you clean or prepare your home in any special way. I want to see your home in its "normal state."
- The GAL will endeavor to speak with your kids at your home, if an appropriate privacy can be provided and if the child feels comfortable. In cases where there are allegations of "coaching" a child, may elect to meet with the child at school or at my office.

- Nothing you say to me or provide to me (including but not limited to: this packet) is considered confidential as it relates to the other parties in this case. I may reveal anything said during the investigation to assist me in gathering facts or information necessary to serve the best interests of the children.
- For sensitive issues where it may be in the best interest of the children, I reserve the right to seek a Court ruling or order from the Magistrate or Judge presiding over the case including but not limited to asking for a protective order that I feel will be in the best interest of the children.
- Please keep the GAL apprised on any issues that arise during the case or any substantial changes (new job, new home, new baby, etc.). I strive to make sure I have the most up to date information, but I cannot do so unless the parties keep me informed.
- The GAL is not an attorney for either of the parties including in any case where the parties' may not have attorneys. I cannot offer legal advice to either party.
- The GAL is a mandatory reporter. This means that the GAL will report any suspicion of child abuse or neglect of which the GAL has knowledge to the appropriate child protective services agency.
- I have attached a blank HIPPA release form. Please make multiple copies of this form and complete a single one for: each of the children's medical providers, counselors, therapists, or any other individual who provides services to any of the children. I may also request that the parents provide a completed HIPPA release for any medical provider or any other facility where the parent received medical treatment, mental health treatment, substance abuse assistance, counseling, or any other type of treatment that the GAL believes is relevant to this matter.
- Please fill out a release for each school that your children attend. A blank release form is provided. If multiple children attend the same school you may list them on a single release.

If you have any questions, please do not hesitate to contact me. I look forward to working with you on this matter.

Sincerely,

Christopher J. Tamms
Tamms Law Office, LLC
5 West Main Street, Third Floor
Westerville, Ohio 43081
Phone- (614)859-9529
Fax- (614)567-0031
chris.tamms@gmail.com
www.tammslaw.com

1. Your Contact Information

Name: _____

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Social Security Number: _____

Attorney Name and Phone Number: _____

2. Other Party Contact Information

Name: _____

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Were you married to this person: Yes / No If so date of divorce: _____

Attorney Name and Phone Number: _____

3. Case Information

Case Number: _____ County: _____

Judge: _____ Magistrate: _____

Who Filed: _____ Describe the Allegations: _____

4. Parent / Household Information

List all people who have resided in at your address during the past six months

Full Name / DOB	Age	Relationship	Still Living There	Date Moved Out
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	
			Y / N	

Provide the full address for each and every place where you have resided (spent more than 14 days at) during the past five (5) years including the “move in” and “move out” dates. Please also indicate the reason why you moved out of each address.

Address (Starting with current)	Dates moved in / out	Own or Rent	Reason for move

Have you been previously married (other than this case)? Yes / No If so state dates of previous marriage(s) and divorce(s)? _____

Name of Former Spouses: _____

Do you have any children who are not parties to this case? If so please state their names, ages, dates of birth and where and with whom they are residing. Also state who has custody or whether there is shared parenting.

Name	Age / DOB	Other Parent's Name	Resides with whom / Custody Status Who pays / Receives Child Support

Do you Drink Alcohol: Yes / No _____ drinks per day _____ drinks per week
Describe your alcohol consumption?

Do you Smoke: Yes / No If so where do you smoke? _____
Do you ever smoke indoors in a home where the children reside? Yes / No
Does anyone else smoke in your home (with or without your permission) _____

Do you smoke marijuana? Yes / No If so describe your usage _____

Have you ever been drug tested? Yes / No Date & Location of last Test and Results:

Has your child ever seen you use drugs or be intoxicated? If so describe the circumstances.

Do you suffer from or are you being treated for any physical health conditions? If so state the condition, describe whether it affects your parenting ability, and state your treating physician / medical provider for each condition (name of doctor / medical provider, phone number)?

Do you suffer from or are you being treated for any mental health conditions? If so state the condition, describe whether it affects your parenting ability, and state your treating physician / medical provider for each condition (name of doctor / medical provider, phone number)?

Have you currently taken any prescription medications in the past twelve (12) months?

Name of Medication	Purpose	Dosage	Who Prescribed

Do you currently have health insurance for yourself? **Yes / No**

If so state your deductible: _____

Have you been hospitalized any time during the past 10 years (including for any mental health reasons). If so please state the reason, the dates, and the name of the hospital.

Have you ever been enrolled in or attended a drug or alcohol rehabilitation or drug or alcohol treatment program (whether in-patient or out-patient)? If so, state the name of the program, the dates you attended and whether or not you completed the program.

Has your mental or physical health (including but not limited to any issues of alcohol or drug use) been raised by the other party to this litigation as an issue concerning parental rights? Why do you feel the other party has raised this issue

Has any person (other than the other party to this case) ever told you that they think you have a drug / alcohol / mental health problem? If so state the nature of the conversation and any steps you have taken to address the issue with this person(s).

Do you own any firearms? **Yes / No** If so how and where are they stored?

Have you taught your children how to use firearms? **Yes / No** If Yes, describe the extent of the education.

How does the other parent feel about firearms? _____

5. State Involvement

Do you have a valid driver’s license? DL Number _____ State _____

If you do not have a valid driver’s license please state the reasons why you do not have one and any barriers to getting one (including but not limited to fines, suspensions, etc.) and what you are doing to obtain / reinstate it.

Do you (or anyone you listed as residing with you during the past 6 months) have *any* history with any child protective services agency in any state (you should disclose even times where any allegations were found to be unsubstantiated or without merit. For any investigation include the following (attach any additional sheets if needed):

- a. county where the investigation took place and the agency that investigated;
- b. the results of the investigation (include case number if a case was opened);
- c. the children involved;
- d. the name and phone number of the caseworker; AND
- e. the circumstances surrounding the investigation.

Does the other party to this case have any such history?

Have you ever filed a case with a child protective services agency? If so describe the circumstances?

Have **you** ever been charged or convicted of any criminal offense (including any OVI's or DUI's)? Attach more sheets if necessary. You should track this information down if you are not sure. List all crimes charged (including those that have been dismissed).

Crime Charged / Convicted	Date of Offense	Court / Case Number	Result / Sentence

Has **the other party** to this case ever been charged or convicted of any criminal offense (including any OVI's or DUI's)? Attach more sheets if necessary.

Crime Charged / Convicted	Date of Offense	Court / Case Number	Result / Sentence

Are you aware of any warrants for your arrest? _____

Have you ever filed for a Civil Protection Order (CPO) against the other party or any other individual? **Yes / No**

If so describe the circumstances; the court in which it was filed; the date of the filing; and the party against whom it was filed?

Has a Civil Protection Order (CPO) ever been filed against you? **Yes / No**

If so describe the circumstances; the court in which it was filed; the date of the filing; and the party against whom it was filed?

Have the police been called to your home in the past twelve (12) months? **Yes / No**

If so, describe the circumstances (who called; what were the allegations; actions taken; etc). Provide a copy of any report.

6. Employment / Education Information

State the name address and phone number of your current employer.

What is your position and your main job duties?

How many hours do you work per week? What are your normal working hours (*i.e. 9 a.m. to 5 p.m. M-F*)

Do you work any overtime or special hours? If so describe your obligation to work these hours.

How long have you been with this employer? _____ Years _____ Months
Do you have any tentative plans to find another job? If so state why.

What is your rate of pay? Are you salaried? Hourly? Commission? A Mixture?

Is there health insurance available through your employer? If so, what is the cost? Who is currently covered?

Work History: List each previous employer for whom you have worked during the past 5 years

Employer Name, Address, & Phone #	Dates Employed Full / Part Time	Salary / Hourly Wage	Reason for Leaving

Starting with high school; state any institutions attended, the dates attended, whether you graduated; and the degree / diploma earned.

Do you hold any certificates / designations etc. that are used or necessary in your trade or profession?

7. Your Significant Other Information:

Are you romantically involved with any person who is NOT the other party to this case **Yes / No**
If yes state their name, address and phone number?

How long have you been seeing this person? _____ Years _____ Months

Does this person reside in your home? **Yes / No** Do they spend the night at your home **Yes / No**
Does this person spend the night at your home when the children are present? **Yes / No**

Does this person have any children? If so do they live with him or her? If not, what is the custody / parenting time arrangement? For each child, state their full name and date of birth.

Describe in detail the level of contact that this person has with the minor children of this case?

Is this person employed **Yes / No** If so provide the name of the person's employer

Has this person ever been arrested, charged, OR convicted of any crime?

Crime Charged / Convicted	Date of Offense	Court / Case Number	Result / Sentence

Does this person have any history with child protective services? **Yes / No** If so describe the involvement?

Has this person been treated or are they currently being treated for any ongoing medical or mental health conditions now or in the past five (5) years? If so please describe the condition and include the treating physician.

Has your significant other met the other parent? **Yes / No** Do they get along? **Yes / No**

Has the other parent raised any issues regarding this person being around the children involved in this action? **Yes / No** If Yes, describe their concerns as you understand them.

8. Child Information (I've provided enough space for three (3) children. If you need any additional space, please print out extra sheets of paper.)

Child Number 1

Child's Name _____

Nicknames: _____ DOB: _____ Age: _____

Child's School (Name Address and Main Phone Number)

Child's Teachers (include any tutors)

Teacher Name / Phone / Email	Subject

Child's Guidance Counselor (Name, Phone Number and email)

Does the child see the guidance counselor for a specific purpose? **Yes / No** If so describe the purpose and the relationship?

Does the child see any other counselors for any reason? **Yes / No** If so state the name / phone number of the counselor and describe the purpose of the counseling?

Is the other parent involved in the child's counseling? **Yes / No** Describe their feelings about the counseling?

Child's Medical Providers

Name / Phone Number / Organization	Type of Medical provider / Reason for Seeing
	Primary Care / Pediatrician

Does the child have any special needs, medical conditions, behavioral problems, learning disabilities, IEP's or any other issues that I should know about? If the child has an IEP or any other type of education plan please provide a copy?

In what activities / sports does the child participate? For each activity list the name of the coach / instructor and their contact information. Also state the schedule of the activity.

What is the child interested in? What are their hobbies, likes, etc.?

Does the child attend daycare? **Yes / No** If so, provide the following:

Name, Address & Phone of Facility	Dates Attended	Party with whom you dealt	Reason for leaving

Has the child ever been in trouble with school, police or judicial system? Have they ever been arrested? If do please describe

Is the child generally a good student? **Yes / No**

Does the child enjoy school? Have you noticed any changes in the child's academic performance?

Please provide a copy of the child's most recent grade card if attending school.

Is there anything else I should know about this child as it relates to this case? This is your chance to provide me with any relevant information about your child. (Attach more pages if needed)

Child Number 2

Child's Name _____

Nicknames: _____ DOB: _____ Age: _____

Child's School (Name Address and Main Phone Number)

Child's Teachers (include any tutors)

Teacher Name / Phone / Email	Subject

Child's Guidance Counselor (Name, Phone Number and email)

Does the child see the guidance counselor for a specific purpose? **Yes** / **No** If so describe the purpose and the relationship?

Does the child see any other counselors for any reason? **Yes** / **No** If so state the name / phone number of the counselor and describe the purpose of the counseling?

Is the other parent involved in the child's counseling? **Yes / No** Describe their feelings about the counseling?

Child's Medical Providers

Name / Phone Number / Organization	Type of Medical provider / Reason for Seeing
	Primary Care / Pediatrician

Does the child have any special needs, medical conditions, behavioral problems, learning disabilities, IEP's or any other issues that I should know about? If the child has an IEP or any other type of education plan please provide a copy?

In what activities / sports does the child participate? For each activity list the name of the coach / instructor and their contact information. Also state the schedule of the activity.

What is the child interested in? What are their hobbies, likes, etc.?

Does the child attend daycare? **Yes / No** If so, provide the following:

Name, Address & Phone of Facility	Dates Attended	Party with whom you dealt	Reason for leaving

Has the child ever been in trouble with school, police or judicial system? Have they ever been arrested? If do please describe

Is the child generally a good student? **Yes / No**

Does the child enjoy school? Have you noticed any changes in the child's academic performance?

Please provide a copy of the child's most recent grade card if attending school.

Is there anything else I should know about this child as it relates to this case? This is your chance to provide me with any relevant information about your child. (Attach more pages if needed)

Child Number 3

Child's Name _____

Nicknames: _____ DOB: _____ Age: _____

Child's School (Name Address and Main Phone Number)

Child's Teachers (include any tutors)

Teacher Name / Phone / Email	Subject

Child's Guidance Counselor (Name, Phone Number and email)

Does the child see the guidance counselor for a specific purpose? **Yes** / **No** If so describe the purpose and the relationship?

Does the child see any other counselors for any reason? **Yes** / **No** If so state the name / phone number of the counselor and describe the purpose of the counseling?

Is the other parent involved in the child's counseling? **Yes / No** Describe their feelings about the counseling?

Child's Medical Providers

Name / Phone Number / Organization	Type of Medical provider / Reason for Seeing
	Primary Care / Pediatrician

Does the child have any special needs, medical conditions, behavioral problems, learning disabilities, IEP's or any other issues that I should know about? If the child has an IEP or any other type of education plan please provide a copy?

In what activities / sports does the child participate? For each activity list the name of the coach / instructor and their contact information. Also state the schedule of the activity.

What is the child interested in? What are their hobbies, likes, etc.?

Does the child attend daycare? **Yes / No** If so, provide the following:

Name, Address & Phone of Facility	Dates Attended	Party with whom you dealt	Reason for leaving

Has the child ever been in trouble with school, police or judicial system? Have they ever been arrested? If do please describe

Is the child generally a good student? **Yes / No**

Does the child enjoy school? Have you noticed any changes in the child's academic performance?

Please provide a copy of the child's most recent grade card if attending school.

Is there anything else I should know about this child as it relates to this case? This is your chance to provide me with any relevant information about your child. (Attach more pages if needed)

9. This Case

Describe the current parenting time schedule and custody arrangement (sole custody / shared parenting, etc.) as you currently understand it to be.

In your opinion is this order in the children’s best interest? **Yes / No** Explain your thoughts:

If the above order is not in the children’s best interest describe in detail what type of an order would be in the children’s best interest?

Do you feel that you have the ability to co-parent with the other parent? **Yes / No** Explain

Has the other parent kept the children from you in violation of a court order during the past two years? **Yes / No** If so state the specific dates where the children were wrongfully withheld, the actions you took and how the matter was resolved.

Who is paying child support? **Me / The Other Party** How Much _____ per month

Is this a Court Order **Yes / No**

Is the paying party current in their obligation **Yes / No** If no please describe.

Please state the other party's strengths as a parent? (Do not simply say "he or she loves the children")

Please state areas where the other party can improve and describe how you would like to see them do so.

What are the specific issues gave rise to the filing of this case?

- | | |
|---|--|
| _____ division of expenses | _____ pickup / drop-off time |
| _____ different values | _____ differences in discipline between houses |
| _____ curfew | _____ school performance |
| _____ last minute changes to schedule | _____ differences re. health / med. Treatment |
| _____ in-laws / grandparents | _____ religious differences |
| _____ issues leftover from relationship | _____ disputes about primary residence |
| _____ school placement / ed. decisions | _____ phone contact / communication w/ kids |
| _____ gifts for children / spoiling | _____ vacations |
| _____ step-parent / new partner | _____ extracurricular activities |
| _____ holiday parenting time | _____ long distance travel / logistical issues |
| _____ too much flexibility (other home) | _____ too much structure (other home) |
| _____ notification regarding activities | _____ splitting of expenses / reimbursement |
| _____ child support / other financial issues | |
| _____ inconsistency in exercise of parenting time (missing time, etc.) | |
| _____ kids not wanting to spend parenting time with a parent (kids refusing to go). | |
| _____ health issues with the children (if so describe) _____ | |

_____ alcohol abuse / substance abuse (if so describe) _____

_____ mental health issues (if so describe) _____

_____ other issue(s) not mentioned above _____

Is there anything else you want to tell me? This is your chance to share with me any information that may have not been adequately covered in this packet but that you feel is particularly important to this matter.

Give me the contact information for a couple of witnesses who I can contact regarding the issues you've raised herein. The ideal candidates will have witnessed issues firsthand and be familiar with you, the other parent, the children and / or any combination thereof.

Name, Address, and Phone Number	Relationship to you and the child	What should I discuss with them? If their knowledge is limited to one child say so.

.Please state that you believe are the three most important issues in this case

1. _____

2. _____

3. _____

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION (execute a single form for each provider)

TO: _____
Name of Healthcare Provider / Physician / Facility / Medicare Contractor

Street Address / City / State / ZIP Code (OF PROVIDER) PHONE

RE: _____
Patient Name Date of Birth Last four digits of SS#

I authorize and request the disclosure of all protected information for the purpose of review and evaluation in connection with a guardian ad litem investigation. I expressly request that the designated record custodian of all covered entities under HIPPA identified above disclosure full and complete protected medical information including the following:

- All medical records, meaning every page in my record, including but not limited to: office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, social work records, clinic records, treatment plans, admission records, discharge summaries, requests for and reports of consultations, documents, correspondence, test results, statements, questionnaires / histories, photographs, videotapes, and records received by other medical providers.
- All disability, Medicaid or Medicare records including claim forms and record of denial of benefits.
- All pharmacy / prescription records including NDC numbers and drug information handouts/ monographs.
- All counseling / therapy records. including therapy notes and progress notes
-

I understand the information to be released or disclosed my including information relating to sexual transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), and alcohol and drug abuse. I authorize the release or disclosure of this type of information.

This protected health information is disclosed for the following purposes: use in a legal proceeding.

This authorization is given in compliance with the federal consent requirements for release of alcohol or substance abuse records of 42 CFR 2.31, the restrictions of which have been specifically considered and expressly waived. You are authorized to release the above records to the following individuals:

Christopher Tamms
Tamms Law Office, LLC
5 West Main Street, 3rd Floor
Westerville, Ohio 43081

Phone: (614) 859-9529
Fax: (614) 567-0031
email: chris.tamms@gmail.com

If this box is checked, I also authorize the above provider to speak with the above individual regarding the content of the records disclosed.

Please provide records dated _____ to _____ OR all records for the above patient regardless of date if no date range is supplied

I understand the following: (1) I have a right to revoke this authorization in writing at any time, except to the extend information has been released in reliance upon this authorization. (2) The information released in response to this authorization may be re-disclosed to other parties. (3) My treatment or payment for my treatment cannot be conditioned on the signing of this authorization. Any facsimile, copy, or photocopy of this authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect until two years from the date of execution at which time this authorization expires.

Authorizing Party (please print)

Name _____

Address _____

Relationship to Patient _____

Signature of Authorizing Party / Patient *

Date: _____

*Should be signed by patient if adult or legal custodian if minor child

**AUTHORIZATION FOR RELEASE OF
SCHOOL RECORDS / INFORMATION**

(execute a separate form for each school that your children attend)

I, _____, (parent's name) hereby authorize the school (please provide name and address of school) _____

and the Guardian ad Litem of my children: Christopher J. Tamms to communicate regarding information related matters involving the child(ren) listed below. I authorize the teachers, guidance counselors, administrators and other personnel at the school to speak with the Guardian ad Litem regarding my child(ren). I authorize the release of any and all information and/or records related to my children to the Guardian ad Litem upon request. I understand that the Guardian ad Litem may meet with my child(ren) at the school at any time without notice to myself or the other parent/guardian of my child(ren). I further authorize the guardian ad litem to meet independently with the child(ren) on school grounds.

Parent's signature

Date

1) Child's Name: _____ Child's Date of Birth: _____

2) Child's Name: _____ Child's Date of Birth: _____

3) Child's Name: _____ Child's Date of Birth: _____

4) Child's Name: _____ Child's Date of Birth: _____

