



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. In filling out this packet, feel free to attach any additional sheets and / or documents as needed to provide me with the information you want me to have.

PLEASE NOTE THE FOLLOWING

- It is your responsibility to schedule the initial meeting with the GAL. You may email me the packet before our meeting OR simply bring it to our first meeting completed. I will try to work around your schedule for our meeting.
- Please take the time to verify information that is readily available on the internet or otherwise. This will save me time and will save you money. If you cannot provide all the information requested, please provide what you can.
- You may generally contact the GAL by phone or email. The GAL will endeavor to respond to your communication as soon as possible. Please keep in mind, if you are attempting to share new or additional information with me, email is the best way to do so. I am always happy to schedule phone conferences to discuss matters.
- 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 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 speak with your children (if they are old enough). This may take place at a parent's house, the child's school, or my office depending upon the needs of the case. I generally do not have the parents present when I speak with the child. If you have concerns about your child speaking with me, please let me know. I want to make the experience as easy as possible for them.
- 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 me 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.
- 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. 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 billing against the retainer paid first. After the retainer is exhausted, I will request additional retainers from the parties including securing any court orders for the same. If at any time you have a question about an invoice, please do not hesitate to contact me. *You will not be charged for any time spent discussing or clarifying any invoice or bill.*
- There is a blank HIPPA release form included with this packet. 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 the top part and we'll fill in the check boxes and the dates of records requested at the initial meeting.*
- 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
670 Meridian Way; Suite 107
Westerville, Ohio 43082
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: _____ Reason for the filing (as you understand it): _____

4. Parent / Household Information

List all people who have resided in at your address during the past six months (including part time)

Full Name	Age /DOB	Relationship to you	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 married? Yes / No If so state dates of previous marriage(s) and divorce(s) and the names of your previous spouse(s) _____

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

Describe your use of the following:

Alcohol _____

Marijuana _____

Tobacco _____

Has the other party or anyone else ever accused you of having alcohol or substance abuse issues?

(A positive answer does not mean that you are acknowledging truthfulness of the allegations).

Do you suffer from or are you being treated for any physical health conditions? You may be asked to execute a HIPPA release for your medical providers?

Do you suffer from or are you being treated for any mental health conditions? You may be asked to execute a HIPPA release for your medical providers?

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 hospitalization.

List all prescription medications that you have taken in the past twelve (12) months

Name of Medication	Purpose	Dosage	Who Prescribed

Health Insurance: Who Carries? _____
Who is covered _____

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.

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

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, the other party, or anyone residing with you or the other party have *any* history with any child protective services agency in Ohio or any other 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.
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Have you ever filed a case with a child protective services agency? If so, describe the circumstances?

Have **you or anyone who resides with you** been charged or convicted of any offense (including any OVI's). If you are not sure whether you should disclose *you should*.

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

Do you have knowledge of the same regarding the other party to this matter or any person residing with them?

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

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

By whom _____ Court / Case No _____

Against the other party? **Yes / No**

By whom _____ Court / Case No _____

Describe the circumstances of the CPOs including the allegations, the dates filed, whether it is still in effect and anything else you want me to know.

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

Current Employer

Name _____ Address _____

Job Title _____ Salary / Hourly Rate _____

Hours Worked / Normal Schedule (i.e. 9 a.m. to 5 p.m. M-F) _____

Date Started with Employer _____

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 as well as any certificates / designations 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?

Name _____ DOB _____ Length of Relationship _____

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

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

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.

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

Does this person have any history with child protective services? **Yes / No**

Does this person have any criminal history? **Yes / No**

If so, provide details including relevant dates?

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. Children Information (I've provided space for up to three children. Attach any additional pages if there are more than three children who are the subject of this case)

Child Number 1

Child's Name (nicknames) _____ DOB _____

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

Child's current Teachers / Subjects they teach (note any teachers with whom the child is close)

Does the child see a guidance counselor at school? **Yes / No** Outside School **Yes / No**
If so, provide the name, phone number and reason why the child sees the counselor.

Pediatrician Name- _____ Address _____

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? Hobbies, interests, etc.?

Child's Daycare Provider (Name / Address / Phone Number) _____

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

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 _____

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

Child's current Teachers / Subjects they teach (note any teachers with whom the child is close)

Does the child see a guidance counselor at school? **Yes / No** Outside School **Yes / No**

If so, provide the name, phone number and reason why the child sees the counselor.

Pediatrician Name- _____ Address _____

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? Hobbies, interests, etc.?

Child's Daycare Provider (Name / Address / Phone Number) _____

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

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 _____

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

Child's current Teachers / Subjects they teach (note any teachers with whom the child is close)

Does the child see a guidance counselor at school? **Yes / No** Outside School **Yes / No**
If so, provide the name, phone number and reason why the child sees the counselor.

Pediatrician Name- _____ Address _____

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? Hobbies, interests, etc.?

Child's Daycare Provider (Name / Address / Phone Number) _____

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

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 what you would change and why?

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

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 in this case as you see them (check any and all that apply).

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

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 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. _____

**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 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 including but not limited to attendance records, academic records, disciplinary records and all other records related to the minor children held by the school. 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: _____

HIPAA COMPLIANT AUTHORIZATION FOR THE RELEASE OF PATIENT INFORMATION

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

Street Address / City / State / ZIP Code (OF PROVIDER) Phone No. of Provider

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 (legal proceeding). 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 counseling / therapy records. including therapy notes and progress notes, assessments and intake information
- All records from any alcohol, drug or other substance abuse program including but not limited to assessments, progress notes, drug testing results and any other documents related to alcohol, drug, or other substance abuse treatment.

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 Phone: (614) 859-9529
670 Meridian Way; Suite 107 Fax: (614) 567-0031
Westerville, Ohio 43082 email: chris.tamms@gmail.com

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

Please Provide All records regarding the individual listed OR records from _____ to _____.

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