

GUARDIAN AD LITEM QUESTIONNAIRE

Name: _____ DOB: _____

Address: _____

Phone: _____ SSN: _____

Email: _____

Place of Birth: _____ Religion: _____

Occupation: _____

Employer: _____

How long have you lived you your present home?

Who else lives in your home? (List each name, their date of birth, and relationship to you):

Where did you previously live and for how long?

Date and place of marriage/relationship involved in this case:

Date and place of divorce judgment (if applicable):

Who brought the Petition for Dissolution or Paternity?

Please give details of the Court's original and all subsequent Orders with regard to parental rights and responsibilities:

What do you feel are the pros and cons of the current arrangement?

Have you remarried or are you living with someone at this time? Yes No

If yes, to whom/with whom; where, and when:

What is his/her occupation?

Where is he/she employed and for how long?

Have you been married before? Yes No

If yes, to whom, date of marriage(s), and where did the marriage take place?

Date of death(s)/divorce(s) of former spouse(s):

What are the names, ages and custody arrangements of children from previous marriages or relationships?

Describe your relationship with those children:

Describe your relationship with your ex-spouse(s) or the parent(s) of child(ren) from previous relationships:

Where does your former spouse(s)/partner(s) live?

PERSONAL HISTORY:

Have you ever been arrested? Yes No

If yes, please explain:

Have you ever been convicted of any crime? Yes No

If yes, please explain:

Have you ever been convicted of any sexual crimes or other crimes involving adults or children? Yes No

If yes, please explain:

Have you ever been investigated by law enforcement for sexual or other crimes or activities involving adults or children? Yes No

If yes, please explain:

Have you ever been fined or convicted of an OWI or DUI? Yes No

If yes, please explain:

Have you ever been charged with any crime for which there was no conviction? Yes No

If yes, please explain:

Have you ever had a child removed from your care or custody by Court Order? Yes No

If yes, please explain:

Have you ever received services from any social services agency? Yes No

If yes, please explain:

Have you ever been investigated by any state or federal agency as the result of a complaint regarding you or a family member? Yes No

If yes, please explain:

Have you ever been involved in mental health counseling? Yes No

If yes, please explain:

Have you ever been involved in marriage or family counseling? Yes No

If yes, please explain:

Have you ever been admitted to a mental health facility? Yes No

If yes, please explain:

Have you ever been admitted to a substance abuse treatment facility? Yes No

If yes, please, explain:

Have you ever had a medical condition(s) that you might have a bearing on your ability to parent? Yes No If yes, please explain:

FAMILY HISTORY:

Who raised you (parent, grandparent, guardian, etc.)?

Where did you live when growing up?

List the names of your siblings, their ages, and the city and state in which they live:

<u>Name</u>	<u>Age</u>	<u>Address</u>
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What did you do for fun while growing up?

What is your favorite childhood memory?

Can you remember certain stressful times in your childhood? Yes No
If yes, please explain:

How did your family handle stress?

EDUCATION AND WORK HISTORY:

Where did you attend high school and what was the highest grade you completed?

What year did you graduate or earn a high school equivalent degree?

How did you feel about high school/college?

What did you like?

What didn't you like?

Any extracurricular activities (clubs, sports, etc.)?

Did you serve in the military? Yes No

If yes, please give which branch, years of service, rank, and type of discharge:

Where have you been employed (most recent job first): Please list the employer, their address, position held, start and termination dates, and reason for leaving each job.

PRESENT JOB:

Are you satisfied with your job? Yes No

What are your responsibilities at work?

When was your last promotion?

When was your last raise?

Is your job secure? Yes No
If yes, please explain:

What childcare provisions have you made for your children during work hours?

How flexible is your work schedule?

FUTURE FOCUS:

What outcome do you seek at this time?

How do you see parental rights and responsibilities being divided?

How do you see the primary residence of the child(ren)?

What type of contact schedule do you see for both parents?

Why is this outcome in your child(ren)'s best interest?

What are your future plans?

Where will you live and with whom (if applicable)?

How will you provide for your child(ren)'s care?

How will you support your child(ren)'s relationship with their other parent?

What is the greatest challenge you face as a single parent?

Describe your support system.

What is the worst thing your ex-spouse will tell me about you?

CHILDREN: (If more room is needed to complete your answers, please continue on the back of this page or use additional paper.) **PLEASE COMPLETE THIS SECTION FOR EACH CHILD REPRESENTED BY THE GUARDIAN AD LITEM.**

Name:

Age:

Day care provided (by whom and when):

Pediatrician:

Name of school:

Grade:

Teacher(s)/guidance counselor:

Favorite subjects:

Grade average:

Explain why school is presently a positive or negative experience for your child:

What school and/or outside activities or interest does this child have?

Does this child have many friends?

How does he/she get along with them?

Describe this child's personality:

What are this child's strong point/strengths?

What could this child improve on?

In what ways is this child like his/her parents and in what ways is he/she different?

What family member is this child closest to and why?

What have you told this child about the present situation?

What is the child's reaction to the present situation?

Does this child have anyone to talk to about the present situation? Yes No
If yes, who?

What do you believe is in the best interest of this child?

REFERENCES:

With whom must I speak to conduct a thorough investigation of your child(ren)'s circumstances?
Use a separate sheet of paper if necessary.

NAME	ADDRESS	PHONE NUMBER
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Any other professionals (i.e. medical or mental health) who have information that is relevant to this situation? Use a separate sheet of paper if necessary.

NAME	ADDRESS	PHONE NUMBER
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