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### GUARDIAN AD LITEM PRELIMINARY INFORMATION SHEET

**PARENT INFORMATION** (circle one):    Biological            Grandparent            Step-Parent

1. Full Legal Name: \_\_\_\_\_

2. Any Other Names Used: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_                      Place of Birth: \_\_\_\_\_

5. Telephone Numbers – Home: \_\_\_\_\_                      Cell: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Current Residence (circle one):            Rent    Own

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_

8. List Last 5 Addresses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. List ALL of your children from current and List ALL of your children from current and previous marriages/relationships. Include both biological and stepchildren. If the child does not live with you, indicate when last seen and the frequency of the child's visits to your residence.

Full Legal Name	Date of Birth	Lives With	Last Contact/Visit

10. Provide your work history for the last 3 years

Employer	Job Title	Salary	Hours	Dates of Employment

11. Military Service? Yes No

Branch	Stationed	Dates Served

12. Your Education

High School Graduate: \_\_\_\_\_ Received GED: \_\_\_\_\_ Neither: \_\_\_\_\_

Technical/Trade School: \_\_\_\_\_ College: \_\_\_\_\_ Degree: \_\_\_\_\_

13. Your relationship/marital history with the other parent involved in this case:

a. Approximate date you started living together: \_\_\_\_\_

b. Date and place of marriage: \_\_\_\_\_

c. City & state of residence for most of the marriage/relationship: \_\_\_\_\_

d. Date of Separation: \_\_\_\_\_

e. Describe your relationship with that person at this time:

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14. List all prescribed medications being used by any person residing in your household

Person	Medication	Dosage & Frequency	Reason Taken

15. List all non-prescribed medications being used by anyone residing in your household.

Person	Medication	Dosage & Frequency	Reason Taken

16. List all chronic/recurring health problems/conditions or physical handicaps of any person residing in your household.

Person	Description of Condition

17. List all alcohol usage in your household.

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18. Have you or anyone in your household/family abused drugs or alcohol either in the past or currently? If yes, give details. Include any treatments received.

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19. Do you or anyone in your household own or possess a firearm?    Yes    No

Licensed/Registered?    Yes    No

Number of Firearms in the Residence: \_\_\_\_\_

Location of Firearms in the Residence: \_\_\_\_\_

20. Do you have any significant concerns about the other parent, persons in their household, or their family? If yes, give details of your concerns.

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21. Is the other parent likely to express any specific concerns about you, persons in your household, or family? If yes, give details.

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22. Have you ever been involved in custody/visitation litigation regarding other children? If yes, provide the name of the child(ren), dates and a summary of the court decisions.

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23. Have you or anyone in your household/family been in any type of counseling or psychotherapy? If yes, give details.

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24. Have you or anyone in your household/family been hospitalized or received medication for mental or emotional difficulties? If yes, give details.

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25. Have you or anyone in your household/family been arrested or convicted of any crime or traffic violation that has not been expunged? If yes, give details.

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26. Have you or anyone in your household/family filed a report/grievance with local law enforcement against another individual in the past two (2) years. If yes, give details and dates.

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27. Have you or anyone in your household/family been investigated for child abuse or neglect? If yes, give details.

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## CHILD INFORMATION

Please fill out a "Child Information" form for each child involved.

1. Child's Full Legal Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
3. Name of Biological Mother: \_\_\_\_\_
4. Name of Biological Father: \_\_\_\_\_
5. Childcare arrangements for the past year (may include paid or unpaid care):

Name of Caregiver	Age	Address	Telephone	Days/Hours

### *Education Information*

6. Child's current school information:

School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Teacher(s): \_\_\_\_\_  
\_\_\_\_\_

7. Has your child ever attended Head Start or other preschool program? If yes, provide the program's name and location as well as dates attended. (If your child is older elementary, junior high, or high school, please put N/A.)

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8. Please circle any of the following that your child has been diagnosed as having:  
 gifted & talented                      learning disabled                      emotionally disturbed  
 physically handicapped              developmentally delayed              mental retarded
9. Has your child (currently or in the past) received any special education or tutoring service? If yes, give details.

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10. Has your child (currently or in the past) seen a school counselor or school social worker? If yes, provide the name(s) of the counselor(s)/social worker(s) and the school(s).

Counselor/Social Worker	School	Telephone Number

*Child's Medical Information*

11. Please list the current and proper family physician(s)/pediatrician(s):

Physician's Name	Address	Telephone Number	Approximate Date & Purpose of Last Visit

12. List all chronic or recurring health problems/conditions of the child:

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13. List all prescribed medications the child has taken in the past year:

Medication	Reason Prescribed

14. Please list all medical specialists seen for special treatments:

Physician's Name	Address	Telephone Number	Approximate Date & Purpose of Last Visit

15. Has your child ever been in psychotherapy or counseling? Yes      No

Therapist's Name	Address	Telephone Number	Approximate Date & Purpose of Last Visit

16. Is your child covered any an insurance or medical plan? Yes      No

Name of Company/ Medical Plan	Type of Coverage	Name of Person Carrying the Coverage

*Custody/Parenting Time Arrangements*

17. Describe the child's current custody/parenting time arrangement. When did this arrangement do into effect?

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18. If there have been different custody/parenting time arrangements, please describe:

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19. Is there anyone not previously mentioned whom you think we should contact for information about this child? If yes, provide the following:

Name	Address	Telephone Number	Information to be Attained