

**OTHER ADULT FORM**

**PRELIMINARY GUARDIAN AD LITEM PERSONAL INFORMATION FORM**

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Which person are you involved with in this case? \_\_\_\_\_

What is your relationship to the above person involved in this case? \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

**PLEASE PROVIDE COMPLETE, DETAILED ANSWERS.  
FOR ADDITIONAL SPACE, YOU MAY ADD ADDITIONAL BLANK PAGES.**

**1. LIST YOUR PERSONAL IDENTIFYING INFORMATION:**

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Birth Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_ May we call you at work?  
Yes  No  (Check One)

Birthdate: \_\_\_\_\_ Birthplace/Citizenship: \_\_\_\_\_ Email Address: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Grade Completed: (Check One) 7  8  9  10  11  12

School Issuing High School Diploma? \_\_\_\_\_

GED - Where: \_\_\_\_\_

COLLEGE - Where: \_\_\_\_\_

TECHNICAL SCHOOL - Where: \_\_\_\_\_

**2. WORK HISTORY:**

Employer: \_\_\_\_\_

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

Type of job: \_\_\_\_\_ Salary: \_\_\_\_\_

Date employment began: \_\_\_\_\_ Hours/Days: \_\_\_\_\_

List any previous employers over the last five years:

**3. DRIVING HISTORY:**

Do you have a valid driver's license? Yes  No  (Check One)

**Driver's license number or I.D. number:** \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Do you transport children? (yours or others): Yes  No  (Check One)

Make/model/year of vehicle you drive: \_\_\_\_\_

**4. WERE YOU IN THE MILITARY?** Yes  No  (Check One)

Branch: \_\_\_\_\_ Dates Active Duty: \_\_\_\_\_

Discharge Status: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

**5. LIST ALL OF YOUR CHILD(REN)'S NAMES AND BIRTHDATES AND INDICATE WITH WHOM THEY RESIDE:**

CHILD's NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Child resides with: \_\_\_\_\_ PHONE #: \_\_\_\_\_

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Child resides with: \_\_\_\_\_ PHONE #: \_\_\_\_\_

Are you paying or receiving child support? \_\_\_\_\_  
If paying, are you current on your support? \_\_\_\_\_

**6. LIST THE NAMES AND INDICATE DATES OF ALL MARRIAGES, DOMESTIC PARTNERSHIPS, AND RELATIONSHIPS OF COHABITATION:**

Name: \_\_\_\_\_ Date of Marriage/Relationship: \_\_\_\_\_ Date of Dissolution: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**LIST THE NAMES AND INDICATE THE DATES OF ALL OTHER ROOMMATES:**

Name: \_\_\_\_\_ Dates Lived Together: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**LIST THE NAMES OF ANY PERSONS WITH WHOM YOU HAVE A BIOLOGICAL OR ADOPTED CHILD:**

Name: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**7. CRIMINAL HISTORY:**

Have the police ever come to your home on a call? Yes  No

When were they called? \_\_\_\_\_

Why? \_\_\_\_\_

Have you ever been the subject of a police investigation? Yes  No

Have you ever been arrested, charged with, or convicted of a crime? Yes  No

List charges/reason for arrests and when (**be specific and complete**):

Have you ever had a deferred prosecution case? Yes  No

(Please provide details on separate paper.)



Do you drink around the children? Yes  No

When was the last time you had a drink? \_\_\_\_\_

Do you use drugs? Yes  No

When was the last time you used drugs? \_\_\_\_\_

Are there firearms in your home or car? Yes  No

Do you have a concealed gun permit? Yes  No

**10. IMPORTANT OTHER INFORMATION:**

Have you ever witnessed physical or emotional abuse of the child by either parent/guardian (explain and give details):

Do any of the children involved in this matter exhibit any physical, emotional or abnormal behaviors, and if so, please explain:

To your knowledge, does either parent/guardian have any problems that would concern you, as far as their parenting ability:

What kind of residential plan do you think would best provide for the child(ren)?

**PLEASE INCLUDE ANY OTHER INFORMATION YOU CONSIDER RELEVANT TO THE INVESTIGATION:** *(Use a separate sheet of paper if more space is needed.)*

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. My signature below further acknowledges my understanding that the information provided herein may become part of court proceedings and, as such, may be disclosed by the Guardian ad Litem to the other parties and/or their counsel as required by state and local Court Rules applicable to Guardians ad Litem.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed