

PRELIMINARY GUARDIAN AD LITEM PERSONAL INFORMATION FORM

Case Name: _____
Case Number: _____

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
Birth Date: 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 AND/OR SCHOOL HISTORY:

Employer:
Address:
Type of job: Salary:
Date employment began: Hours/Days:
WEEKLY WORK AND/OR SCHOOL SCHEDULE - Hours/Days (be specific):
List any previous employers over the last five years:

3. DRIVING HISTORY:

Do you have a valid driver's license? Yes No
Driver's license number or I.D. number:
Name of insurance company:
Do you transport children? (yours or others): Yes No
Make/model/year of vehicle you drive:

4. WERE YOU IN THE MILITARY?

Yes No
Branch: Dates Active Duty:
Discharge Status: Date Discharged

5. LIST THE NAMES AND PHONE NUMBERS OF YOUR PARENTS, BROTHERS AND SISTERS:

6. LIST ALL OF YOUR CHILD(REN)'S NAMES AND BIRTHDAYS AND INDICATE WITH WHOM THEY RESIDE:

CHILD's NAME: _____ BIRTHDATE: _____
Child resides with: _____ PHONE #: _____
School/Daycare: _____ Grade: _____
Address: _____ Phone Number: _____
Teacher/Daycare provider's name: _____

CHILD's NAME: _____ BIRTHDATE: _____
Child resides with: _____ PHONE #: _____
School/Daycare: _____ Grade: _____
Address: _____ Phone Number: _____
Teacher/Daycare provider's name: _____

CHILD's NAME: _____ BIRTHDATE: _____
Child resides with: _____ PHONE #: _____
School/Daycare: _____ Grade: _____
Address: _____ Phone Number: _____
Teacher/Daycare provider's name: _____

CHILD's NAME: _____ BIRTHDATE: _____
Child resides with: _____ PHONE #: _____
School/Daycare: _____ Grade: _____
Address: _____ Phone Number: _____
Teacher/Daycare provider's name: _____

Has child support been ordered for the children at issue? Yes No
If paying, are you current on your support? Yes No
Is the other parent current on child support? Yes No

7. LIST NAMES AND DATES OF ALL MARRIAGES, DOMESTIC PARTNERSHIPS, AND RELATIONSHIPS OF COHABITATION, PAST AND PRESENT:

Name:	Date of Marriage/Relationship	Separation Date	Date of Dissolution
1. _____			
2. _____			
3. _____			

LIST THE NAMES OF ALL PEOPLE, 18 YRS. OLD AND OLDER, WHO LIVE WITH YOU:

Name:	DOB:	PHONE #:	Relationship:
1. _____			

2. _____
 3. _____

LIST FORMER 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. _____

LIST THE NAMES OF OTHER CHILDREN LIVING WITH YOU:

Name:	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

8. CRIMINAL HISTORY: (Use the other side of this page if you need additional space.)

Have you ever called the police and had the police come to your home? Yes No

When was this? _____

Why did you call? _____

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

List ALL cases with case type, dates, and disposition: (Use other side of paper if needed.)

Type of Case: _____ When? _____

What was the disposition? _____ When? _____

Type of Case: _____ When? _____

What was the disposition? _____ When? _____

Type of Case: _____ When? _____

What was the disposition? _____ When? _____

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

Have you ever had a deferred prosecution case? Yes No

(Please give details on a separate page.)

List charges/reason for arrest and when (Be specific and complete.)

Are you currently under probation or on parole? Yes No

Names of current/former probation officer(s)? _____

List the phone number(s) of your probation offices: _____

Do you have any criminal matters pending at this time? Yes No

Does the other parent have any criminal matters pending at this time? Yes No

Has your spouse/partner ever been the subject of a police investigation? Yes No
Type of Case: _____ When? _____
What was the disposition? _____ When? _____

9. MEDICAL HISTORY:

Identify any health problems you have:

List all medications you have taken **in the past month:**

List names of any doctors and/or services/treatment providers who have seen you for care in the past twelve months (**Please be specific and give details**):

Provider's Name: _____ Address: _____ Dates: _____ Nature of Problem: _____

List all medications (prescriptions and over the counter) you have taken **in the past twelve months:** (Use the back of this paper if more space is needed.)

Names of Medications: _____ Dates: _____ Nature of Problem: _____

Have you ever received services/treatment for or by any of the following? (Check all that apply.)

Drug/ Alcohol Assessment	<input type="checkbox"/>	Drug/Alcohol treatment	<input type="checkbox"/>
Private counseling	<input type="checkbox"/>	Marriage Counseling	<input type="checkbox"/>
Religious Counseling	<input type="checkbox"/>	Children's Counseling	<input type="checkbox"/>
Psychiatric Counseling	<input type="checkbox"/>	Psychological Counseling	<input type="checkbox"/>
Sexual Deviancy	<input type="checkbox"/>	Anger Management	<input type="checkbox"/>
DUI Victim's Panel	<input type="checkbox"/>	CPS	<input type="checkbox"/>
AFDC	<input type="checkbox"/>	Psychiatric Hospitalization	<input type="checkbox"/>
For Kids' Sake Seminar	<input type="checkbox"/>	OTHER (<i>Please specify</i>): _____	

If you checked any of the above, please provide the following: (Use separate paper, if needed)
(Current, complete addresses with zip code and phone numbers with area code)

Provider's Name: _____ Phone #: _____ Complete Address: _____ Dates: _____ Nature of Problem: _____

Has the other parent received services/treatment for any of the services listed above? Yes No

If yes, explain:

Do any of the children presently have health problems? Yes No

If yes, explain:

List names of any doctors and/or services/treatment providers for the child(ren):

Provider's Name: Phone #: Complete Address: Dates: Nature of Problem:

List all medications each child takes: _____

10. PERSONAL INFORMATION:

Do you smoke? Yes No How Much? _____

Do you smoke around the children? Yes No

Do you drink? Yes No How Much? _____

Do you drink around the children? Yes No

When was the last time you had a drink? _____

Have you ever used drugs? Yes No

Which drugs? _____

When was the last time you used drugs? _____

Have you used drugs around the child(ren)? Yes No

Are there firearms in your home or car? Yes No

Do you have a concealed gun permit? Yes No

Does the other parent drink? Yes No How Much? _____

Does the other parent smoke? Yes No How Much? _____

Does the other parent use drugs? Yes No Which drugs? _____

When was the last time drugs were used? _____

Are you fearful of the other parent for any reason? Yes No

Can you talk with the other parent on an equal basis? Yes No

If no, would you be able to communicate with the help of a trained mediator? Explain:

Has the other parent ever hit you or used any type of physical force toward you? Yes No

Have you ever been restrained from contact with the other parent, significant other, children, or anyone else, at any time in your life?

Yes No Who? _____ When? _____

Have you ever requested a no contact order? Yes No

No contact with whom? _____ Was it granted? Yes No

Are there currently any active restraining orders in this case? Yes No

No contact with whom? _____ Give dates in effect _____

Are you currently afraid that the other parent will physically harm you? Yes No

Has the other parent ever threatened to deny you access to your children? Yes No

Do you have any concerns about the child(ren)'s emotional or physical safety with you or the other parent? Yes No

Has DSHS or CPS ever been involved with your family other than AFDC? Yes No

11. OTHER IMPORTANT INFORMATION:

Describe how each parent has participated in the child(ren)'s lives in terms of education, health care, religion, recreation, etc., during the year preceding parental separation:

Since the separation, with whom has/have the child(ren) **primarily** been residing?
_____ Relationship to child(ren) _____

Give specific dates of when children resided with the person:

How often do the children see the parent with whom they do not primarily reside?

When did the child(ren) last see the other parent? _____

If it were up to you, what would be the residential schedule for your child(ren) with each parent, **at this time**? **PLEASE BE SPECIFIC:**

Weekdays: _____

Weekends: _____

Summers: _____

Holidays: _____

School Holidays: _____

Other: _____

Please check which of these most identify your concerns:

- Which parent the child(ren) live with
- Amount of child support
- Decision-making regarding the child(ren)
- Medical coverage for the child(ren)
- Amount of time I have with the child(ren)
- Domestic violence
- Neglect issues
- Relocation (moving)
- Religion
- Other (Describe) _____

List any points of agreement **between you and the child(ren)'s other parent**, concerning your parenting plan:

Your proposal for how decisions for the child(ren) will be made:

Education: _____

Health Care: _____

Religion: _____

Other (Identify): _____

List and describe any concerns, which need to be addressed in your parenting plan (Such as domestic violence, child abuse, drug or alcohol abuse, mental illness):

What can the parent with the problem do to correct the problem?

Should that parent's time with the child(ren) be limited? If so, how?

Describe your own strengths and weaknesses as a parent:

Describe the other parent's strengths and weaknesses as a parent:

Describe how each parent handles child discipline:

Describe any special problems or needs your child(ren) may have and how each parent relates to those needs:

How do you want the other parent included in the child(ren)'s life?

Please include any information you consider relevant to the investigation:

12. REFERENCES: *(In selecting references, please try to use non-relatives who best know you, your children and your parenting skills.) COMPLETE addresses and zip codes are necessary to enable contact:*

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Known for how long? _____ See how often? _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Known for how long? _____ See how often? _____

- Please go to the next page -

**INFORMATION NEEDED TO SEND RELEASES
FOR YOURSELF AND CHILDREN**

(Include: schools, daycare providers, all counselors, drug treatment providers and facilities, public health nurses, anger management treatment providers, domestic violence counselors, CPS, all law enforcement agencies, parenting classes, volunteer work, psychiatrists, psychologists, therapists, marriage counselors, probation officers, children's coaches, scout leaders, extracurricular activity leaders, youth group leaders, etc.)

THIS PAGE MUST BE COMPLETED WITH FAX NUMBERS.

NAME OF PROFESSIONAL	RELATIONSHIP (i.e. counselor or minister or teacher) <i>Please see list above.</i>	<u>COMPLETE MAILING ADDRESS</u> (incl. business name)	PHONE #	FAX #

OTHER COMMENTS:

IN THIS SPACE - PLEASE PROVIDE DIRECTIONS TO YOUR HOME:

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