

GUARDIAN AD LITEM QUESTIONNAIRE

Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Home telephone: _____ Work telephone: _____

Cellular number: _____ Email: _____

Place of Employment: _____

Job Description/Title: _____

Hours of Employment: _____

How long have you worked at this place of employment? _____

Name of immediate supervisor, if applicable: _____

Supervisor's telephone number: _____

Best place and time to contact you: _____

Date of Birth: _____ Place of Birth: _____

Educational history:

If attended high school, name of school, place and date of graduation: _____

Technical/vocational training (specify type of training, place of training, certificates awarded, dates): _____

College, Date of Graduation, Course of Study, Degree Received: _____

Postgraduate study: _____

Criminal History:

Please list each and every time which you have been arrested, including the date of the arrest, jurisdiction, charge, and disposition: _____

Please provide the name, address, and telephone number of any individual you have seen or are currently seeing for therapy, counseling, psychiatric or psychological treatment: _____

Has anyone, other than you and the other parent, ever had custody of your child(ren)? If so, please describe the circumstances, including the name of said custodian, the reason for third party custody, and any other relevant information: _____

Have there been any previous litigation between you and the other parent involving custody of your child(ren)? If so, please provide the Court and give a brief description of the litigation: _____

Children at issue in this pending action:

Child's name: _____ DOB: ____ / ____ / ____ Grade: _____

Name of Child's School: _____

Usual grades (grade point average, etc.): _____

School attended in previous year: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Child's name: _____ DOB: ____ / ____ / ____ Grade: _____

Name of Child's School: _____

Usual grades (grade point average, etc.): _____

School attended in previous year: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Child's name: _____ DOB: ____ / ____ / ____ Grade: _____

Name of Child's School: _____

Usual grades (grade point average, etc.): _____

School attended in previous year: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Do any of the children listed above have any specific special needs or physical limitations? If so, please explain: _____

Names, addresses, and telephone numbers of any psychologists, psychiatrists, educational consultant or any other mental health professional who has seen the child or children since birth. Please give in detail the reason for this professional contact and state which child was seen by each professional listed: _____

Please specify any chronic medical or mental condition diagnosis made regarding your child (or children), when the diagnosis was made, and by whom. This would include such diagnoses as attention deficit disorder, learning disability(ties), or asthma: _____

Please list all addresses where children have lived for the past five years: _____

Please provide the name, location and telephone number of any childcare provider for your child(ren): _____

Marital history:

How many times have you been married? _____

Date of first marriage: ____ / ____ / ____ Spouse Name: _____

Date of divorce: ____ / ____ / ____ Reason for Divorce: _____

Number of children born to/adopted during this marriage and their ages: _____

Date of second: ____ / ____ / ____ Spouse Name: _____

Date of divorce: ____ / ____ / ____ Reason for Divorce: _____

Number of children born to/adopted during this marriage and their ages: _____

Date of third marriage: ____ / ____ / ____ Spouse Name: _____

Date of divorce: ____ / ____ / ____ Reason for Divorce: _____

Number of children born to/adopted during this marriage and their ages: _____

Present Marriage Date: ___ / ___ / ___ Spouse Name: _____

Number of children born to/adopted during this marriage and their ages: _____

Names, ages of any other children residing in home (e.g., children of spouse): _____

Name of religious institution you attend: _____

How often do you attend? _____

Your outside interests or hobbies: _____

Activities you and your children enjoy together: _____

Date and location of your most last vacation with the child(ren): _____

Your membership in any civic, community groups, or professional organizations: _____

In your own words, please state what you think this case is all about: _____

What is your desired outcome for this case: _____

Any specific questions you would like to ask at the initial meeting with the Guardian ad Litem:

- 1) _____
- 2) _____
- 3) _____

(PLEASE ATTACH ADDITIONAL PAGES IF YOU HAVE MORE QUESTIONS)

Please list up to three witnesses who can speak knowledgably about the issues involved in the current litigation. Please list telephone numbers and emails, if available:

- 1) _____
- 2) _____
- 3) _____

Please mail, fax or email completed questionnaire to:

Leanna Cathey
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Ringgold, GA 30736
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Fax: 706-935-8222
Email: leannacathey@gmail.com