

## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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What is your desired outcome for this case: \_\_\_\_\_

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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 knowledgeably 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  
901 Lafayette St.  
Ringgold, GA 30736  
Tel: 706-935-8200  
Fax: 706-935-8222  
Email: [leannacathey@gmail.com](mailto:leannacathey@gmail.com)