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: _____

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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	☐	Drug/Alcohol treatment	☐
Private counseling	☐	Marriage Counseling	☐
Religious Counseling	☐	Children's Counseling	☐
Psychiatric Counseling	☐	Psychological Counseling	☐
Sexual Deviancy	☐	Anger Management	☐
DUI Victim's Panel	☐	CPS	☐
AFDC	☐	Psychiatric Hospitalization	☐
For Kids' Sake Seminar	☐	OTHER (*Please specify):* _____	

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, **<u>at this time</u>**? **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: _____ Email: _____
Address: _____ Phone #: _____
_____
Known for how long? _____ See how often? _____

Name: _____ Email: _____
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)** ***Please see list above.***	**COMPLETE MAILING ADDRESS** **(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