

**GUARDIAN AD LITEM QUESTIONNAIRE**

CASE NAME: \_\_\_\_\_ -VS- \_\_\_\_\_

CAUSE NUMBER: \_\_\_\_\_

**YOUR INFORMATION**

Name (include middle initial, pre-marital names and aliases): \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

List all places you have lived or stayed at for more than a week for the last five (5) years, beginning with the place you lived right before your current residence and go back in time. Do not leave any time unaccounted for, including military service and incarceration.

1. Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Rent/Own: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

All other persons who resided with you (include names and phone numbers):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Dates: \_\_\_\_\_ Address: \_\_\_\_\_

Rent/Own: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

All other persons who resided with you (include names and phone numbers):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

All other persons who resided with you (*include names and phone numbers*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Dates: \_\_\_\_\_ Address: \_\_\_\_\_  
Rent/Own: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

All other persons who resided with you (*include names and phone numbers*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

If yes, please provide your driver's license state and number. \_\_\_\_\_

Do you have current automobile insurance? \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been arrested for domestic violence? \_\_\_\_\_

If yes, describe the circumstances, jurisdiction, the charges, whether or not you were convicted and the sentence and/or disposition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for any other criminal offenses? \_\_\_\_\_

If yes, please describe the circumstances, jurisdiction, the charges, whether or not you were convicted and the sentence and/or disposition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently on probation? \_\_\_\_\_

If yes, please describe the circumstances, jurisdiction, the charges, the Probation Officer, and the expiration of probation.

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Does anyone else currently in your household have a criminal history? \_\_\_\_\_

If yes, please describe the circumstances, jurisdiction, the charges, whether or not he/she was convicted, the sentence and/or disposition, to the best of your knowledge.

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**SUBSTANCE ABUSE**

Please state the frequency and amounts of alcoholic beverages you consume, if any. \_\_\_\_\_

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Do you currently or have you previously used illegal drugs? \_\_\_\_\_

If yes, please state the type of illegal drugs, the amounts and the frequency. \_\_\_\_\_

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Have you ever been treated for substance abuse? \_\_\_\_\_

If yes, are you currently under treatment? \_\_\_\_\_

If you have been treated and/or are currently under treatment for substance abuse, please name the substance(s), treatment dates and any treatment facilities (including address and telephone number).

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**MENTAL HEALTH**

Have you ever been treated for a mental health care issue? \_\_\_\_\_

If yes, are you currently under treatment? \_\_\_\_\_

If you have been treated and/or are currently under treatment, please state the diagnoses, course of treatment, treatment dates and treatment facilities (including address and telephone number).

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**PHYSICAL HEALTH:**

Do you have any physical ailments that would prevent you from caring for the child and/or yourself? \_\_\_\_\_

If yes, please state the diagnoses, treatment dates, treatment facilities (including address and telephone number).

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Do you take prescription or over-the-counter medications for any reason? \_\_\_\_\_

If yes, please list the medication, the prescribing physician, if any, and the reason for taking the medication. \_\_\_\_\_

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**EMPLOYMENT AND EDUCATION**

Are you currently employed? \_\_\_\_\_

If yes, please provide the name, address and telephone number for your current place of employment and your work schedule.

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If yes, please provide the name, address and telephone number for any person or facility who watches your child while you are at work, if any.

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Who transfers the child to/from the care provider? \_\_\_\_\_

If you work overtime or have other emergencies, what plans are in place for emergency childcare? \_\_\_\_\_

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If you are not currently employed, is this by choice? \_\_\_\_\_

Please state all employers for the last five (5) years, including the name, address and telephone number of the employer, the amount of pay and the work schedule, as well as the type of work performed and the reason you left that employment.

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Are you currently enrolled in any post-secondary education/training classes/courses? \_\_\_\_\_

If yes, please provide the name of your school or training facility and your current course/training schedule.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR FAMILY**

Mother (*include middle initial premarital name and aliases*): \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Describe your relationship with your mother: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father (*include middle initial premarital name and aliases*): \_\_\_\_\_

\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

**Describe your relationship with your father:** \_\_\_\_\_

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**Siblings (list all brothers, sisters, half-siblings and step-siblings, including premarital names, aliases, addresses and telephone numbers):** \_\_\_\_\_

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**Relatives (list all relatives closely involved in the minor child's life, including addresses and telephone numbers):** \_\_\_\_\_

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**YOUR HOME**

**Describe your current residence (single-family house, mobile home, apartment, condo, etc., number of bedrooms, number of bathrooms, condition of home, needed repairs, etc., including the address:** \_\_\_\_\_

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**Do you own or rent this residence?** \_\_\_\_\_

**Amount of monthly payment or rent?** \_\_\_\_\_

**Who lives in the residence with you or spends time in your residence on a regular basis (at least one night per month)?** \_\_\_\_\_

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What is your relationship to the person(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the normal sleeping arrangements in the home (i.e., who sleeps in which room and whether anyone shares a room)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RULES/DISCIPLINE**

Do you have set rules for your child (i.e., bedtime, clean bedroom, etc.)? \_\_\_\_\_

If yes, please describe some of your set rules. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S INFORMATION**  
*(Please list information for each individual child)*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Child's Mother: \_\_\_\_\_ Child's Father: \_\_\_\_\_

Your relationship to the child: \_\_\_\_\_

Child primarily resides with: \_\_\_\_\_

Was the father in the hospital when the child was born? \_\_\_\_\_

In what hospital was the child born (include name, city, county and state)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S SCHOOLING/DAYCARE**

School/Daycare: *(Name, address and phone number)*: \_\_\_\_\_

If the child attends daycare, please state who chose the daycare facility, the date the child began attending the daycare facility and the specific days/hours the child attends daycare:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who drops off and/or picks up the child from the daycare facility? \_\_\_\_\_

Who has the most interaction with your child at the daycare facility? \_\_\_\_\_

If the child attends school, please complete the following:

Grade: \_\_\_\_\_ Principal: \_\_\_\_\_

Teacher(s): \_\_\_\_\_

Counselor(s): \_\_\_\_\_

Please describe how your child does at school. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with a learning disability? \_\_\_\_\_

If yes, please describe the learning disability and what aids have been provided. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child has ever had any disciplinary issues at his/her current school and/or at any other schools in the past? \_\_\_\_\_ If yes, please describe the issues. \_\_\_\_\_

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Has your child ever experienced any significant behavioral issues of concern by you or his/her school at his/her school? \_\_\_\_\_ If yes, please describe the issues. \_\_\_\_\_

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**CHILD'S PHYSICAL/MENTAL HEALTH**

Is your child currently covered by medical insurance? \_\_\_\_\_

If yes, please describe said medical insurance, including who currently holds the insurance.

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Who is your child's pediatrician or primary health care provider (*Name, address and phone number*)? \_\_\_\_\_

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Does your child see any other physicians or health care providers other than that listed above? If so, please state the name, address and phone number for each such provider.

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Does your child have any physical or mental health disabilities? \_\_\_\_\_

If yes, please describe them: \_\_\_\_\_

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List all past emotional and behavioral problems your child has had. \_\_\_\_\_

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List the names of any/all counselors, therapists, social workers that your child has ever seen  
(Name, address and phone number). \_\_\_\_\_

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What recommendations were made concerning your child's counseling and therapy? \_\_\_\_\_

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Were those recommendations followed? \_\_\_\_\_ If not, why? \_\_\_\_\_

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Does your child have any other specific health concerns or issues? \_\_\_\_\_

If yes, please list the concerns/issues: \_\_\_\_\_

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Does your child take prescription or over-the-counter medications for any reason? \_\_\_\_\_

If yes, please list the medication, the prescribing physician, if any, and the reason for your child taking the medication. \_\_\_\_\_

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Does your child participate in any afterschool/extracurricular activities? \_\_\_\_\_

If yes, please list the activities and the schedules for said activities. \_\_\_\_\_

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**OTHER CHILDREN**

For all other children not involved in this particular case that reside in your home or regularly visit in your home, please state the following:

1. Name (*include middle initial and aliases*): \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Cell: \_\_\_\_\_

Work: \_\_\_\_\_  
Fax: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

2. Name (*include middle initial and aliases*): \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

3. Name (include middle initial and aliases): \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**OPPOSING PARTY'S INFORMATION:**

Name (include middle initial, pre-marital names and aliases): \_\_\_\_\_  
\_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Has the opposing parent had regular contact with the child in the past three (3) months?  
\_\_\_\_\_ If yes, please indicate the current pattern of contact between the opposing  
parent and the child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the opposing parent failed to show up for scheduled visits with the child? \_\_\_\_\_

If yes, please describe what happened. \_\_\_\_\_

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**OPPOSING PARENT'S CRIMINAL HISTORY**

Are you aware of any criminal history concerning the other opposing party? \_\_\_\_\_

If yes, please describe the circumstances, jurisdiction, the charges, whether or not he/she was convicted, the sentence and/or disposition, to the best of your knowledge.

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**OPPOSING PARENT'S MEDICAL HISTORY**

Does the opposing parent have any physical, mental or emotional problems, past or present? \_\_\_\_\_

If yes, please describe the same and list all known doctors, therapists, counselors, social workers, etc., for the other parent, past or present. \_\_\_\_\_

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If yes, please list all prescribed medication known for the other parent, past or present. \_\_\_\_\_

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Has the opposing parent ever abused alcohol or illegally used controlled substances? \_\_\_\_\_

If yes, please describe what, how often and how this has affected you and your child. \_\_\_\_\_

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Has the opposing parent ever been treated for alcohol or drug issues or received any education or counseling for alcohol or drug issues? \_\_\_\_\_

If yes, please list when, where and with whom. \_\_\_\_\_

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Has the opposing parent ever missed work or other important events due to alcohol or drug use? \_\_\_\_\_ If yes, please describe when and what happened. \_\_\_\_\_

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**CHILD WELFARE/CONTACT WITH DEPARTMENT OF CHILD SERVICES**

Have you or anyone in your household ever had contact with the Division of Family & Children/Child Protective Services/Department of Child Services for any reason? \_\_\_\_\_

If yes, please describe the dates, to whom you spoke with in the agency, and the nature of the contact. \_\_\_\_\_

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Have you ever filed a report/made a complaint to the Division of Family & Children/Child Protective Services/Department of Child Services against the opposing parent? \_\_\_\_\_

If yes, please describe why, the dates, to whom you spoke with in the agency, and the nature of the complaint. \_\_\_\_\_

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**MISCELLANEOUS**

To assist me in my investigation, please answer the following questions with regard to the investigation in this case:

What issues or concerns would you like me to focus on? Please list any/all issues you think I should spend time investigating: \_\_\_\_\_

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With regards to my investigation of this case, who do you think I should talk to? For each such person, please list the name, relationship, telephone number where I can reach him/her and the reason you think they can help in my investigation.

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