Initial Guardian ad Litem Questionnaire

1 . Your Name:

1. Social Security Number:
2. E-mail address:
3. All phone numbers where we can contact you:
4. Your date of birth:
5. Your present residence address, telephone number and a description:
6. Indicate the following for each child:

#1 Full Name:

Date ofBirth: Current Age: Social Security Number:

#2 Full Name:

Date of Birth: Current Age: Social Security Number:

#3 Full Name:

Date of Birth: Current Age: Social Security Number:

1. Please list the name, date of birth and social security number of every person living in your household (do not include yourself or the children).
2. Do you or your household members have any criminal record (including dismissed or outstanding charges but not counting minor traffic tickets)? If so, please list the charge, the date of the charge, the case or ticket number, which court handled the charge and the outcome of the charge?

10 Have you or any of your household members been investigated by the Department of Social Services or similar agency for abuse or neglect of a child? If so, please describe in detail the circumstances and outcome of the investigation?

1. Have you or any of your household members been accused of sexual abuse of a child? If so, please describe in detail the accusation, including who made the accusation, the details of the accusation and whether any formal investigation was conducted (and by whom) into the accusation.
2. Have you or any ofyour household members ever sought treatment for drug or alcohol dependency? If so, please provide details.
3. Have you or any of your household members ever been accused of having a drug or alcohol dependency problem? If so, please indicate who made the accusation and provide details of the accusation.
4. Have you or any of your household members ever relinquished parental rights to a child or had your parental rights terminated? If so, please provide the name(s) and age(s) of the child(ren) and explain why parental rights were relinquished or terminated?
5. Have you or any of your household members ever been the victim or perpetrator of domestic abuse? If so, please describe in detail the circumstances ofthe domestic abuse.
6. State your educational background:
7. State your present employment (name of employer, supervisor, address and telephone number). Describe the nature of your employment. State your work days and hours and whether you are required to put in overtime. If you state that your work hours are flexible, please provide the name and phone number of the supervisor who can confirm your statement:
8. State your prior employment background:
9. Indicate the child(ren)'s pediatrician, address and telephone number:
10. Do the children have any health problems?
11. Indicate the name(s) of the school(s) or daycare(s), address and phone number of the school(s) or daycare(s) the child(ren) attend, as well as the grade(s) and the name(s) of their teacher(s):
12. Indicate play areas and playmates close to your home:
13. Give the names, addresses and telephone numbers of all close relatives of each child and indicate the frequency of contact between the relatives and child(ren): 
14. What is/are the child(ren) interested in?
15. What type of activities do you participate in with your child(ren)?
16. What is your church or synagogue affiliation, if any, and how frequently do you attend? If any, please give the name and contact information for the worship leader.
17. Do you have any relationships with members of the opposite sex? Do you have plans for (re)marriage? If so, describe with specificity the relationship between the child and the future step-parent.
18. For the period prior to the parties' separation (or if the parties never resided together, the period prior to this action being filed), please describe, during a typical week, the times the child(ren) was/were usually in school or daycare, the times the child(ren) was/were under your supervision, the times the child(ren) was/were under the opposing patty's supervision and the times the child(ren) was/were under another caregiver's supervision.
19. Subsequent to separation, please describe, during a typical week, the times the child(ren) was/were usually in school or daycare, the times the child(ren) was/were under your supervision, the times the child(ren) was/were under the opposing party's supervision and the times the child(ren) was/were under another caregiver' s supervision.
20. Describe the nature and extent of any complaints/problems resulting from the other parent's contact with the child(ren) since the time of separation:
21. Describe your view of the differences between your home and the other parent' s home:
22. Describe your view of your relationship with the child(ren):
23. Describe your view of the other parent's relationship with the child(ren):
24. Describe any problems with the child(ren) and your methods of discipline:
25. Describe a typical day in your life with your child(ren). (For example, what times do you both get up, when do you go to work/school, what time do you each get home, etc):
26. What questions should I ask the opposing party when I interview him or her?
27. What questions should I ask the child(ren) when I speak to them privately?
28. What things should I look for when conducting the home study of the opposing parties' home?
29. State in detail what you consider to be the best custodial arrangements for your child(ren) and why.
30. State whether you and the opposing party have any major disagreements concerning the child(ren)'s education, religious upbringing, discipline, health care needs, and/or extracurricular activities, and, if so, detail the nature of each disagreement and each party's position as you perceive it.
31. List the name, address, telephone number, and dates of contact for each mental health professional or social worker who has been involved with the child(ren) or either parent.
32. Is there anything about the opposing party that renders him/her unfit to have sole physical custody of the child(ren)? If so, describe with specificity this unfitness.
33. Describe your current state of health and provide the name, address, and telephone number ofeach physician, medical clinic, psychologist, psychiatrist, counselor, therapist or nurse practitioner you have consulted during the past 18 months. State the date of each consultation, its purpose, the diagnosis, and the treatment.
34. List any current medications you are taking, the dates from which you have taken them, and their purposes.
35. Describe your plans for the child(ren)'s educational development and how you intend to implement these plans.
36. Describe your plans for the child(ren)'s religious education and development and how you intend to implement these plans.
37. Describe your plans for the child(ren)'s extracurricular activities and how you intend to implement these plans.
38. Describe with specificity why you would be a better custodian than the opposing patty.
39. State with specificity your greatest strengths and weaknesses as a parent.
40. State with specificity the opposing pacty's greatest strengths and weaknesses as a parent.
41. State any difficulties your child(ren) is having and how you are equipped to deal with these difficulties.
42. Do you plan to relocate? If so, describe your relocations plans.
43. Do you object to your child(ren) being moved from the immediate geographical area? If so, state your objections.

PLEASE COMPLETE FOR EACH CHILD

My Child:

(Child's Name)

Date:

Completed by: (circle one) MOM DAD

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| QUESTION | RESPONSE |
| What size clothing does child wear? |  |
| What is child's nap schedule and bedtime? |  |
| Three words that describe your child |  |
| What makes your child really happy? |  |
| What makes your child really angry? |  |
| Who is your child's best friend (does not have to be a person, i.e. imaginary friends or stuffed animals count!) |  |
| What is your child's favorite color? |  |
| Who is your child's hero? |  |
| What embarrasses your child? |  |
| What scares your child? |  |
| Does your child have any nicknames? |  |
| What is your child's favorite TV show/movie? |  |
| What does your child call you? |  |