

**GUARDIAN AD LITEM
FAMILY QUESTIONNAIRE**

Please note: This questionnaire should be completed before the Guardian ad litem (GAL) meets with you. Please do your best in completing the entire questionnaire. If there is insufficient room to answer a question, please use a separate piece of paper, and identify each. **Please answer all questions with respect to the minor children that are subjects to this custody matter.**

Your Attorney's Name _____

Your Name: _____ FATHER Mother Other

Address:

Street _____

City _____

State _____ Zip _____ County _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security Number _____ Place of Birth _____

Driver License Number _____ State Issued _____

Personal Vehicle/Mode of Transportation _____

Do you have a car seat for minor children? _____ If not, why? _____

FAMILY BACKGROUND

CHILD/REN(S) NAME:

DOB:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

NATIVE AMERICAN INFORMATION:

Tribe

Roll#

OTHER HOUSEHOLD MEMBERS:

	Name	Relationship	DOB
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Relationship with children (frequency of contact, common interests/activities, etc.):

Motivation and Family Interest (Specific outcome you would like to see in this matter?)

YOUR FAMILY

	NAME	ADDRESS	PHONE
MOM:	_____	_____	_____
DAD:	_____	_____	_____
STEP-DAD:	_____	_____	_____
STEP-MOM:	_____	_____	_____
SIBLINGS: :	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

HEALTH HISTORY

LIST ANY HEALTH CONCERNS OR ISSUES FOR:

YOU:

Opposing Party :

CHILD/REN:

List all prescribed medications that are being taken by either you, your spouse or children:

You:

Opposing Party:

Child/ren:

Your Current Physician:

Address: _____ Phone _____

Medical Insurance Provider:

Name: _____ Policy Number _____ Holder _____

Child/ren Physician

Address: _____ Phone _____

Medical Insurance Provider:

Name: _____ Policy Number _____ Holder _____

Child/ren Dentist

Address: _____ Phone _____

Dental Insurance Provider:

Name: _____ Policy Number _____ Holder _____

Last time child/ren were seen by a doctor/dentist and reason:

MENTAL HEALTH HISTORY/CONCERNS

You:

Opposing party:

Child/ren:

EMPLOYMENT HISTORY:

Please list all applicable information for the last ten (10) years: (start with most recent or current)

Employer	Address	Hours/shift	Income
Position	Dates employed	Work Days	
Employer	Address	Hours/shift	Income
Position	Dates employed	Work Days	
Employer	Address	Hours/shift	Income
Position	Dates employed	Work Days	
Employer	Address	Hours/shift	Income
Position	Dates employed	Work Days	
Employer	Address	Hours/shift	Income
Position	Dates employed	Work Days	

Childcare providers (who provides care when you are at work/school?):

Name	Address	Phone
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Relationship to you		Monthly cost
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MONTHLY EXPENSES OF HOUSEHOLD:

Rent/Mortgage: _____

Water: _____

Gas (ONG): _____

Electric: _____

Telephone: _____

Cable: _____

Car Payment(s): _____

Loan Payments: _____

Medical Insurance: _____

Recreation: _____

Gas for car: _____

Car Insurance: _____

Credit Card Debt: _____

Child Support: _____

Other (specify): _____

TOTAL: _____

HOME:

OWN

RENT

How long have you lived at current residence? _____

Are there any major repairs needed at current residence? If so Please List:

Square footage: _____ Number of bedrooms: _____ Number of Bathrooms: _____

Will the child/ren have own bedroom? _____

If not, who will they be sharing with? _____
Name Age

List all addresses for past five (5) years:

Street	State	Zip	County
Street	State	Zip	County
Street	State	Zip	County
Street	State	Zip	County
Street	State	Zip	County

PARENTING

Please answer as completely as possible

List your strengths as a parent:

List the opposing parties strengths as a parent:

When a child under the age of ten (10) does a wrong thing, how is this child corrected?

This same child repeats the same behavior, what is the response?

When a child over the age of ten (10) does a wrong thing, how is this child corrected?

This same child repeats the same behavior, what is the response?

Complete this phrase: "I enjoy my children most when

What role does religion play in the life/the lives of your child/ren?

Have you or any household member used illegal drugs? _____ If yes, please explain, including dates and any treatment methods:

Do you or any household member drink alcohol? _____ If yes, please list type and average weekly amount consumed:

Do you or any household member smoke cigarettes? _____ If yes, Please list average daily amount and whether this is inside or outside the residence (i.e. only smoke on porch, or smoke in the living room when child.ren are present):

Have you or any household member previously been involved with Child Welfare Services or DHS? Please explain:

Have you or any household member committed acts of physical violence towards another person? If yes, please explain:

Have you or a household member applied or been a party to a Victims Protective Order (VPO)? _____

If order was issued: Date _____ County _____ Case No. _____

Have you or a household member have a Victims Protective Order (VPO) issued against you? _____

If order was issued: Date _____ County _____ Case No. _____

Have you or any household member been arrested for a crime? _____ If yes provide the following:

Offense	Date	Case #	County	State	Outcome
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Have you or any household member ever participated in individual and/or family counseling? _____ If yes, please explain and give name and contact info of counselor:

Have you or any household member ever participated in parenting classes? _____ If yes when and where:

How were you disciplined as a child?

Describe your relationship with your child/ren (strengths and weaknesses):

Describe the relationship with the people who raised you:

List three (3) activities that your family enjoys doing together:

What do you do to help you cope with stress?