

# GAL Practice Guidelines

Provided by the Family Law Section  
of the State Bar of Wisconsin



## FORWARD

The importance of *Guardians ad Litem* in family court cannot be overstated. They play a vital role in protecting innocent victims in divorce – children. Having a *Guardian ad Litem* with appropriate training and knowledge about the role of a *Guardian ad Litem* is crucial. To that end, the *Practice Guidelines for GALs in Family Court*, originally published by the Family Law Section in the spring of 1997, were revised and updated in 2012, and re-published with minor changes in 2016. For this current version of the Practice Guidelines, the Committee Members were the following:

Honorable Dolores A. Bomrad  
Washington County Family Court Commissioner

Honorable Michael J. Dwyer  
Milwaukee County Circuit Court Judge

Attorney Susan A. Hansen  
Milwaukee

Attorney Kate A. Neugent  
Milwaukee

Honorable Thomas J. Walsh  
Brown County Circuit Court Judge

As part of this review process, the committee asked various mental health professionals to review the *Practice Guidelines* for content and to evaluate the impact of the various guidelines on the well-being of children. The committee also spoke with numerous other legal professionals during the course of revising the *Guidelines*. The following *Practice Guidelines* are the result of this process. It is hoped by the committee that these *Guidelines* will assist families and attorneys in successfully resolving family matters involving children, and will assist in assuring quality advocacy for children’s best interests in the legal process.

## **GAL GUIDELINES INTRODUCTION:**

GALs play a vital role in the family courts in Wisconsin. The GAL is responsible for advocating for the Best Interests of the Child, yet the Best Interests of the Child could easily be lost among the quest for fairness to the parents. The parents' faces and voices are in front of the court. The child's are not, other than through the picture painted by the parents and the attorneys. The GAL has the formidable task of not only representing the Best Interests of the Child, but of bringing the faceless child's voice into the courtroom through whatever evidence is available.

These guidelines are meant to assist GALs in accomplishing their representation of the Best Interests of the child. The Bench/Bar committee that revised these Guidelines is grateful to the judges, circuit court commissioners, family law attorneys, and psychologists who reviewed them, and to the committee of family lawyers who drafted the original Guidelines.

## **I. TRAINING and EXPERIENCE:**

### **A. Statutory Requirements: Sec. 767.407(3) Stats.:**

1. Must be an attorney admitted to practice in Wisconsin.
2. May not be an interested party to the action, counsel to any party to the action, or a relative or representative of an interested party to the action nor any ethical conflict of interest. *Hollister v. Hollister*, 173 Wis.2d 413 (Ct. App. 1992)(a GAL may not be called as a witness nor communicate with the judge in any manner different from an attorney for any other party).

### **B. SCR 35 - Supreme Court Rule Requirements for Guardians ad Litem appointed in Chapter 767 Cases:**

1. Must have 6 hours of GAL education, approved under SCR 35.03, during the lawyer's current SCR 31.01(7) education reporting period, and in the prior education reporting period.
2. Exception. The appointing court has made findings in writing or orally on the record that there are exceptional circumstances that make the lawyer otherwise qualified to represent the best interests of the child in a proceeding.

### **C. At least 3 of the 6 GAL education credits in each reporting period must be in family court guardian ad litem education under SCR 35.03(1m); approved by the Board of Bar Examiners on the following subjects:**

1. Proceedings under chapter 767 of the statutes.
2. Child development and the effects of conflict and divorce on children.
3. Mental health issues in divorcing families.
4. The dynamics and impact of family violence.
5. Sensitivity to various religious backgrounds, racial and ethnic heritages, and issues of cultural and socioeconomic diversity.

D. Local Rules and Procedures Requirements vary by county. It is the GAL's responsibility to know and meet the local requirements.

E. Acceptance of a GAL appointment is representation that the lawyer has met the above requirements. SCR 35.02.

F. The GAL must have adequate training and experience to fulfill the requirements, set forth in the Judicial Council Note to sec. 767.407 Stats, that the GAL:

1. Advocate for the best interests of the child.
2. Function independently.
3. Function as the lawyer for the best interests of the child.
4. Give broad consideration to the views of others including the child, social workers and other professionals involved in the case.

G. Practice Points:

1. While the statutory and SCR training requirements are minimal, a GAL is best equipped to represent the best interests of the child by having additional training in each of the subjects listed in SCR 35.05(1m) and itemized in section C. above.
2. All family court GALs should attend seminars on how to interview children in addition to the itemized topics.

## **II. APPOINTMENT**

A. Notice of Appointment. Upon acceptance of a GAL appointment, a GAL shall give prompt written notice to the parties or counsel, if any, of his/her appointment, including an explanation of the GAL's role and a copy of the order appointing GAL.

B. Terms/Fees. Unless the GAL is being paid a flat fee, upon appointment, the GAL shall give prompt written notice to the parties or any counsel of the requirements with regard to billing and payment. If the GAL is getting paid on an hourly basis, the GAL shall provide itemized monthly statements.

C. Communication with represented parties. A GAL shall obtain permission from an attorney representing a party before communicating with the party.

D. Practice points:

1. If the parties are required to make a deposit toward the GAL fee, determine local practice regarding commencement of work.
2. The GAL may use non-identifying labels in the itemization to protect sources of information.

### **III. INVESTIGATION**

A. Contact with Parents.

1. Obtain the lawyer's consent for direct contact if a parent is represented.
2. Send a parent letter requesting autobiographical information as well as background regarding the children, marital history and parenting background. Parent questionnaires are also helpful.
3. Make reasonable efforts to meet with each parent as soon after accepting the appointment as possible. Meetings should be in-person if possible.
4. Practice points:
  - a. Use a lawyer letter that includes an assumption of consent and asks for copies of pleadings and other background material the lawyer believes is relevant.
  - b. Parent meetings are more effective if they occur after pleadings and initial information from parents are received.

B. Meeting With Child.

1. The GAL should meet the child. A child is entitled to a voice not a choice. A meeting can serve many purposes. This interaction may be a question and answer interview, an observation session or a meeting with the child and another professional.

2. The method which the GAL interviews the child will vary from case to case. In some cases, a personal interview may not be helpful, such as with infants, very young children or a child with profound developmental disabilities.

3. Practice points:

a. The GAL should avoid interviewing the child, if possible, when the child has already been interviewed by a number of individuals (Ex. sexual or child abuse cases).

b. However, even in such instances, the GAL should “lay eyes” on an infant or toddler in order to humanize the representation.

c. In exercising discretion, the GAL should consider whether mental health professionals should be present during meetings with the child. These might include a social worker, therapist or other mental health professional.

d. The GAL should carefully select a location for the interview in order to maintain the ability of the child to escape the stress of the family dispute and preserve the child’s sense of respite or safety at places such as school or the office of a therapist. The GAL should weigh the potential impact of bringing the family conflict into that setting. Some children should be seen in a non-office setting.

e. Attorneys for parents may not interview a child who has a guardian ad litem without permission from the G.A.L. *In re Kinast*, 192 Wis.2d 36 (1995).

C. Home Visits. The GAL should balance expense of a home visit versus potential usefulness, and should include parents in the decision if appropriate; the GAL should consider possibly retaining a social worker to conduct the visits and provide a report because a GAL cannot testify to what he or she saw.

D. Domestic Violence: The GAL shall investigate whether there is evidence of inter-spousal battery or domestic violence and report to the court. Sec. 767.405(4), Stats.

#### **IV. OTHER INVESTIGATIVE OPTIONS:**

A. Collateral Source Questionnaires.

1. Make sure to have different sets of questionnaires for different types of cases (divorce, paternity, post-judgment). Questionnaires can be sent to family, friends, neighbors, employers, coaches, previous spouses, significant others, etc. It is not necessary to specifically disclose the source of the information you receive.

2. Obtain as much input as reasonably possible from a variety of sources, but consider the cost and time of obtaining the input.

B. School Teachers/Guidance Counselors.

1. Have the parents sign authorizations to speak with teachers, guidance counselors, principals, or other appropriate school personal. If necessary, consider presenting an Offer of Proof or submitting a request to admit rather than subpoenaing school personal to court. Wis. Stat. §118.125

C. Family or Individual Therapy.

1. If there is a history of therapy on the part of parents or children, this may be a good source of information. Proceed with caution and consider the possibility that unwise disclosure might result in damage to the therapeutic relationship.

D. Health Care Providers.

1. Routine medical records are rarely useful and may be costly.

2. If a child has special health care issues, medical information can be extremely useful.

3. Be familiar with Physician/Mental Health Provider-Patient Privilege under Wis. Stat. § 905.04. ***State v. S.H.* 150 Wis. 2d 730 (Ct. App. 1990)**

E. Law Enforcement.

1. Complete a CCAP review immediately upon accepting appointment as GAL.

2. Investigate whether there is a history of child protective services involvement. Parents can complete an authorization for disclosure of Bureau of Child Welfare records pertaining to the minor children. Obtain the necessary release from the county child welfare department.

3. Unsubstantiated findings may not be determinative. The GAL should consider whether allegations are made to enhance a position.

F. AODA Assessments and Drug Screens.

1. SCRAM or other similar monitoring methods may be used.

2. A hair sample test may detect a history of drug abuse. This can be accomplished by stipulation or a motion to the court.

3. Self-reported alcohol assessments are of limited use.

4. Consider requesting a random Urinalysis when appropriate.

G. Practice Points:

1. Avoid the appearance of bias by giving relatively equal attention to both parties' concerns and avoid unbalanced attention to one party's lawyer.
2. As a GAL, it may be appropriate to recommend therapeutic intervention for the child or family.

**V. STATUTORY PROVISIONS: MEDIATION, CUSTODY AND PLACEMENT STUDIES**

A. Mediation.

1. The GAL may encourage the parents to participate in mediation or ask the Court to order mediation if, during the course of investigation, the GAL believes participation in mediation would assist in resolving issues in the best interests of the child. Mediation must be completed before a trial or final hearing can be held unless waiver criteria are met. Most counties require mediation prior to appointment of a GAL. GAL's should assure the statutory requirements are met. See sec. 767.405 Stats.
2. The GAL must be a party to any settlement process affecting child-related issues. See sec. 767.407 Stats. The GAL must review and comment to the Court on any mediation agreement. See sec. 802.12(3) Stats.
3. Communications in mediation are inadmissible. Unlike privilege or confidentiality, this is not waivable. Though some mediators limit third party contacts by their mediation agreement and others refuse to communicate with the GAL or other attorneys, this statute does not prohibit such communication. See sec. 904.085 Stats.
4. With limited exceptions, a mediator may not be subpoenaed or otherwise compelled to reveal the communications in a mediation. See sec. 904.085(3)(b).

B. Custody and Placement Studies.

1. Counties are required to provide study services by statute See sec. 767.405(14) Stats.
2. Study services, or the lack thereof, vary widely county by county. If no staff or contract services are available, the GAL may petition the Court to appoint someone to conduct the study. [If you petition the court to appoint someone, you should identify an evaluator in advance].

3. The issue of cost should be considered when determining whether an independent custody study would be appropriate.

C. Psychological and Other Expert Evaluations.

1. Upon a motion from the GAL which establishes the need for an expert witness to assist the GAL, the Court may order either or both parents (or the county if both parts are indigent) to pay for an expert witness shown to be necessary to assist the GAL. See 767.407 (6) Stats.

2. Psychological evaluations should only be requested if the mental or emotional health affecting the capacity to parent is an issue. The scope of the evaluation must be specified in the order appointing the psychologist. The issue of cost must be considered as such evaluations are rarely covered by insurance.

## VI. COURT APPEARANCES

A. At each court appearance the GAL should advise the parties, counsel, if any, and the court of actions taken by him/her since the last court date.

B. The GAL should, unless excused by the Court or agreed to by all parties, attend all hearings, whether temporary or final, which impact custody, placement, paternity, support, sharing of variable expenses or any other financial issue which affects the best interests of the child.

C. Where possible, a GAL shall convey his/her recommendations, whether temporary or final, orally to counsel and the parties sufficiently in advance of each hearing to allow the party to fully understand the recommendation.

D. The only evidence that a GAL may provide in a case is in conveying the wishes of the child per 767.407(4), Stats. *Haugen v. Haugen*, 82 Wis.2d 411 (1978). A position advocated by a GAL at trial must be based on facts included in the record of a case or agreed to by the parties. As a result, a GAL should not submit a written report to the parties, counsel or the court which includes factual representations, except in the form of a pretrial brief. Final recommendations are the equivalent of final argument and must be supported by evidentiary facts or those stipulated to by the parties. See, *In re the Paternity of Stephanie R.*, 174 Wis.2d 745 (1993).

E. All recommendations and positions of the GAL must include consideration of all statutory factors including, but not limited to, the impact of domestic violence. The GAL must investigate history of domestic violence. Be aware of history of injunctions, battery convictions, child abuse, disorderly conduct, felonies, misdemeanors, etc. Obtain police records where necessary. See Section 767.407(4).

## VII. ADVOCACY REGARDING BEST INTEREST

A. The GAL is an advocate for the best interest of the minor child as to some or all of the following: legal custody, physical placement, child support, tax exemptions, school attendance, therapy, day care, health care, transportation, extracurricular activities, insurance, and uninsured expenses.

B. Section 767.407(4). The GAL shall function in the same manner as a lawyer for a party.

1. The GAL should file any appropriate motions on behalf of the best interest of the child, e.g., a motion for protective order to prevent the disclosure of a child's therapy records.

2. Typically the parties will cooperate with the GAL; however, occasionally formal discovery may be necessary in preparation for a contested hearing.

3. The GAL should obtain appropriate stipulations or interim orders, e.g., protective orders preventing a therapist being called as a witness.

4. The GAL cannot engage in ex parte communication with the court. *Hollister v. Hollister*, 173 Wis. 2d 413 (Ct. App. 1992).

C. Practice Points.

1. Keep in mind that if a custodial dispute is litigated, the court will determine which parent will make the final decision with regard to the custodial issue.

2. It is the parent's decision where a child will attend school and what medical procedures the child will have. It is the Court's decision which parent makes those decisions.

3. See *Wiederholt v. Fisher*, 169 Wis.2d 524 (Ct. App. 1992)(the GAL represents the concept of the best interest of the child).

## VIII. TERMINATION OF APPOINTMENT: STATUTE SECTION 767.407(5)

A. Unless the court directs otherwise, the GAL appointment is terminated as follows:

1. Appointment is terminated when the final order is entered. "Final order" means the order that ends the custody/placement proceeding; or

2. In a case which an appeal is filed in which the GAL participates, the appointment terminates upon the conclusion of the appeal. The GAL may appeal a case just like any other litigant. If a party appeals the GAL may choose not to

participate, but must file a statement of reasons for that decision with the appellate court. The court of appeals can order the GAL to participate.

B. Extension of the GAL Appointment.

1. Upon written request of the GAL, a party, or the person for whom the GAL is appointed or upon the court's motion, the court may extend the appointment beyond the entry of the final order or the termination of an appeal.
2. If the court extends the appointment or reappoints the GAL after the final order, the GAL should insure that the court specifically states the scope of the GAL's duties during the period of extension or reappointment.

C. Practice Points:

1. The GAL should send the parties a closing letter.
2. Allocation of GAL fees, including specific dollar amounts, any accrual of interest on unpaid fees, and time and manner of payment, should be clearly set forth in the final order or judgment.
3. Termination of an appointment or extension, if any, should be clearly set out in the final order.

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CHILD(REN)'S NAME(S)/ATTY: \_\_\_\_\_

**GUARDIAN AD LITEM CHECKLIST**

Appt. papers back to the court: \_\_\_\_\_  
Deposit ordered: \_\_\_\_\_  
Attorney letter: \_\_\_\_\_  
Parent letter: \_\_\_\_\_  
LGL letter: \_\_\_\_\_  
Internet Research: \_\_\_\_\_

Deposit requested: \_\_\_\_\_

Mother's deposit: \_\_\_\_\_  
Questionnaire: \_\_\_\_\_  
Initial meeting: \_\_\_\_\_  
Appt w/child: \_\_\_\_\_

Father's deposit: \_\_\_\_\_  
Questionnaire: \_\_\_\_\_  
Initial meeting: \_\_\_\_\_  
Appt. w/child: \_\_\_\_\_

Status date: \_\_\_\_\_  
Trial date: \_\_\_\_\_

Status of bill: \_\_\_\_\_  
Status of bill: \_\_\_\_\_

Psychologist: \_\_\_\_\_  
Report received: \_\_\_\_\_

Sent to Attys: \_\_\_\_\_

Children's records:

Child's name: \_\_\_\_\_  
School: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Others: \_\_\_\_\_

Sent: \_\_\_\_\_

Received: \_\_\_\_\_

Child's name: \_\_\_\_\_  
School: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Others: \_\_\_\_\_

Sent: \_\_\_\_\_

Received: \_\_\_\_\_

Child's name: \_\_\_\_\_  
School: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Others: \_\_\_\_\_

Sent: \_\_\_\_\_

Received: \_\_\_\_\_

Child's name: \_\_\_\_\_  
School: \_\_\_\_\_  
Therapist: \_\_\_\_\_  
Others: \_\_\_\_\_

Sent: \_\_\_\_\_

Received: \_\_\_\_\_

Mother's collateral sources:

Name:

Sent:

Received:

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Mother's releases:

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Father's collateral sources:

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Father's releases:

Name:

Sent:

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*Date*

RE:

Case No.

Dear Attorneys *attys' names*:

I have received the Petition and Order for Appointment as Guardian ad Litem in the above-referenced case. I have accepted the appointment. Please have your clients forward the court-ordered advance deposit of *\$deposit Amount*. For your information, my hourly rate for this matter is *\$hourly rate*. Any time expended by my legal assistant will be billed at a rate of *\$Hourly Rate* per hour. I will provide monthly billing statements and the balance due should be paid promptly upon receipt. Please discuss my deposit, rate and billing requirements with your respective clients to avoid any future issues regarding my fees.

Please forward all relevant correspondence, pleadings, affidavits, orders and reports. Also, please advise as to any pending court dates. Personal contact with your clients is an essential component of my investigation. If you have any objection to personal contact with your client, please inform me immediately.

My legal assistant, *name*, will be contacting your respective offices to schedule a 3-way conference call so we can discuss the current status, my process, and next steps. Thank you for your anticipated cooperation.

Sincerely,

Attorney at Law

/

*Date*

RE:

Dear Mr. \_\_\_\_\_ and Ms. \_\_\_\_\_ :

I am the attorney appointed by the court as Guardian ad Litem for your *son/daughter/children, child(ren)'s names*. My function is to represent *his/her/their* interests in the Family Court action which is currently pending. As your *child(ren)'s* advocate, it is my responsibility to investigate the situation and ultimately to make recommendations to the parties and the Court regarding custody, placement and support.

I have enclosed a general Guardian ad Litem brochure for your review. In order to properly evaluate the case, I will need to meet with you. Please contact my assistant, *assistant's name*, at your earliest convenience to schedule an appointment. Also, please direct any email correspondence to my assistant, as s/he will print them for my review.

A minimum deposit of *\$deposit amount* each party is required prior to our initial appointment. My hourly rate for this matter is *\$amount* per hour. Any time expended by my legal assistant will be billed at a rate of *\$amount* per hour. Further, I will provide monthly billing statements and the balance due must be paid promptly upon receipt unless other arrangements are made.

Prior to our meeting, I ask that you prepare and deliver or send the following:

1. Written biography including: where born and raised; family history including role of each parent in care, supervision and discipline; any family alcohol, drug, physical, sexual or emotional abuse; most important person(s) in upbringing; relationships with siblings growing up and currently; any educational history; work history; marital history including when/where met, dated, married; relationship problems during marriage and reason for divorce; current living arrangements for self and children including placement arrangements; special areas of concerns with self/spouse, (e.g. drug, alcohol, physical abuse, emotional problems, arrest record); Department of Human Service referrals; medical problems; professional counseling and treatment history of self/spouse/children.
2. *Child(ren)'s* history including: allocation of child care, supervision and discipline; description of *child(ren)* including personality, likes/dislikes, special needs, and relationship with family members-especially parents and significant other people.
3. Completed parent questionnaire.

4. List of possible collateral sources—anyone you have significant contact with and who could provide input about your *child(ren)* and your parenting relationship. Include name, complete address including zip code, telephone number and, if known, anticipated input.

Complete the foregoing and send it to my office prior to our appointment. This will enable us to discuss concerns and options rather than spending the bulk of our meeting just gathering biographical data. Also, please bring any notes, reports or diary which you may have already prepared.

If you have any questions before we meet, please do not hesitate to call. Thank you for your anticipated cooperation.

Sincerely,

Attorney at Law

/  
Enclosures

cc: *attorneys*

## PARENT'S QUESTIONNAIRE

Since custody/placement is such an important issue, this questionnaire is designed to provide you with some thought-provoking questions and provide me with some important information. Please answer to the best of your ability; however, do not be concerned if you have difficulty providing a complete answer. An interview will follow which will allow you to expand upon your answers. If more space is needed, use additional sheets of paper.

Name \_\_\_\_\_ Date \_\_\_\_\_

### PARENTING

1. Please list all of your children.

Name

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

2. Who are the children involved in this action?

Name

Date of Birth

School

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Describe a typical day for your child(ren) during the school year (if applicable) and during the summer:

4. Describe your relationship with your child(ren). If you have more than one child, describe each separately.

5. Describe the relationship the other parent has with each child.

6. Describe your child(ren)'s relationship with other adults/family members. What relatives or family friends is/are your child(ren) especially close with?

7. What have you told the child(ren) about the divorce or separation?
8. What has the other parent told the child(ren) about the divorce?
9. Has anyone else discussed these issues with the child(ren)?
10. Describe the child(ren)'s reactions to the separation/divorce.
11. Describe any behavioral or emotional changes you've noticed in the child(ren).
12. What are your strengths as a parent?
13. What do you feel you could change or improve upon in your parenting?
14. What are the other party's strengths as a parent?
15. What do you feel the other party could change or improve upon in his/her parenting?
16. What type of discipline do you use with your child(ren)?
17. What type of discipline does the other parent use?
18. How do you foresee settling disagreements over the child(ren) in the future?
19. (circle one): I do/I do not have safety concerns about my child(ren) spending time with the other parent during placement. Describe any safety concerns.
20. (circle one): I do/I do not have other concerns about the other parent's ability to care for the child(ren). Describe any other concerns:
21. Do you think the child(ren) should keep in touch with the other parent when with you for placement? If so, what will you do to make this happen? If not, explain why.

22. Who will be responsible for transporting the child(ren) during each parent's period of placement?
- 23(a). Which best describes how you and the other parent are currently communicating:  
\_\_\_\_ We aren't speaking/communicating at all  
\_\_\_\_ We have limited communication  
\_\_\_\_ Communication is not a problem for us  
Comments:
- 23(b). What do you believe would improve parental communication?
24. Do you think that you and the other parent can make major decisions together affecting your child(ren) such as religion, child care, non-emergency medical care, and extracurricular activities?
25. What is the current plan for the following areas?
- a. Where are you going to live? Any anticipated future changes?
  - b. Child(ren)'s education?
  - c. Please provide contact information for your child(ren)'s school, including name of school, address, phone number, principal's name, and name(s) of teacher(s).
  - d. Your employment?
  - e. Childcare while you are working? Out socially?
  - f. Child(ren)'s health care provider?
  - g. Child(ren)'s religious involvement?
  - h. Periods of placement with each parent during the school year, summer, school breaks, holidays, and vacations? (see attached)
26. Legal custody addresses the ability to make major decisions regarding education, medical, religious, and other matters. Are you seeking sole \_\_\_\_ or joint \_\_\_\_ legal custody? Why?
27. Do you or the other parent have health and/or dental insurance in effect covering the child(ren)? If so, who has the coverage and what is the deductible and co-pay? Please also indicate what amount of the monthly cost of the premium is attributable to the child(ren) and briefly describe the coverage. Please attach a copy of the provider card.

28. What do you think are the most important factors for me (or the judge) to consider in addressing the issues of legal custody, placement, child support, and expenses?

29. Is there any additional information you believe I should know?

FINANCIAL

Please indicate your income and expenses on a monthly basis (or attach completed Financial Disclosure Statement).

Income:

Salary \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Length of Employment \_\_\_\_\_

Work Days and Hours \_\_\_\_\_

AFDC Grant \_\_\_\_\_

Food Stamps \_\_\_\_\_

General Relief \_\_\_\_\_

Child Support \_\_\_\_\_

Other \_\_\_\_\_

Deductions:

Federal Tax \_\_\_\_\_

Social Security \_\_\_\_\_

State Tax \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Deductions \_\_\_\_\_

Net Income \_\_\_\_\_

Total Gross \_\_\_\_\_

Expenses (or attach complete Financial Disclosure Statement):

Rent/Mortgage \_\_\_\_\_

Utilities \_\_\_\_\_

Food Expenses \_\_\_\_\_

Telephone \_\_\_\_\_

Clothing (yourself) \_\_\_\_\_

Clothing (child) \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Dental Expenses \_\_\_\_\_

Entertainment \_\_\_\_\_

Child Care \_\_\_\_\_

Auto Expense \_\_\_\_\_

Other \_\_\_\_\_

Outstanding Loans/Debts:

To Whom:

Purpose:

Monthly Payment:

Balance Due:

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

PERSONAL:

1. Please list your marital history. Include all marriages.

Date of Marriage:                      Spouse Names:                      Date of Divorce:                      Children's Names and Birthdates:

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List any non-marital children born to you or the other parent:

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2. Have you, the other parent, or the child(ren) been involved in counseling or therapy? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list the dates, counselors, reasons for seeking treatment, and any prescribed medications.

Please provide the name, address, and phone number for each therapist who has seen you or the child(ren) within the past two years.

3. Have you or the other parent ever been arrested? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain the details:

4. Has the other parent ever pushed, shoved, choked, hit or hurt you physically in any way?  
Yes \_\_\_\_ No \_\_\_\_

5. Has the other parent ever forced you to have sexual contact when you did not want to?  
Yes \_\_\_\_ No \_\_\_\_

6. Has the other parent ever hurt any other person or pet in your household?  
Yes \_\_\_\_ No \_\_\_\_

7. Has the other parent ever damaged or destroyed your property?  
Yes \_\_\_\_ No \_\_\_\_

8. Has the other parent ever threatened to do any of the things mentioned in questions 1-4?  
Yes \_\_\_\_ No \_\_\_\_

9. Have you ever called the police, requested a restraining order, or sought help for yourself or your children because of something the other parent did?  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you or the other parent ever been treated for drug or alcohol dependency? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the dates and reasons for seeking treatment.  
  
\*If answered yes to any of the above, please explain.
11. Do you or the other parent have any health problems which interfere with your daily routine or have the potential to do so? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.
12. Do/does the child(ren) have any special health, emotional or educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, give details.
13. If either you or your spouse is involved in a relationship, list the person's name, residence, employment, children, and the extent of his/her contact with your child(ren).

The above statements are true to the best of my knowledge.

Signed: \_\_\_\_\_

Please Print:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address (personal, not employment)

\_\_\_\_\_  
Home Phone                      Work Phone

\_\_\_\_\_  
Place of Employment              Hours

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

\_\_\_\_\_  
Social Security Number

## PATERNITY PARENT'S QUESTIONNAIRE

Since custody/placement is such an important issue, this questionnaire is designed to provide you with some thought-provoking questions and provide me with some important information. Please answer to the best of your ability; however, do not be concerned if you have difficulty providing a complete answer. An interview will follow which will allow you to expand upon your answers. If more space is needed, use additional sheets of paper.

Name \_\_\_\_\_ Date \_\_\_\_\_

### PARENTING

1. Who is/are the child(ren) involved?

<u>Name</u>	<u>Date of Birth</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Describe a typical day for your child(ren).

3. Legal custody addresses major decision-making regarding education, medical, religious, and other matters. What form of legal custody are you seeking – sole or joint? Why?

4. Why would this arrangement be best for your child(ren)?

5. What areas of the child(ren)'s life/lives would be important to discuss with the other parent?

6. Do you think that you and the other parent can make decisions together relating to major concerns affecting your child(ren) such as religion, child care, non-emergency medical care and extracurricular activities?

7. What would you like the parental relationship between you and the other parent to be if the child(ren) is/are in your custody/placement?

8. How do you foresee settling disagreements over the child(ren) in the future?

9. What are your strengths as a parent?
10. What do you feel you could change or improve upon in your parenting?
11. What are the other party's strengths as a parent?
12. What do you feel the other party could change or improve upon in his/her parenting?
13. Are there any areas of concern you have regarding the other parent's ability to care for the child(ren)?
14. Is there anything you can give your child(ren) the other parent cannot?
15. Is there anything the other parent can give the child(ren) you cannot?
16. What have you told the child(ren) about this court action? What has the other parent told the child(ren)?  
Has anyone else discussed these issues with the child(ren)?
17. Describe your relationship with your child(ren). Do the same for the other parent.
18. What type of discipline do you use with your child(ren)? What type does the other parent use?
19. What is the current plan for the following areas? (Please use additional sheets as necessary)
  - a. Plans for where you are going to live?
  - b. Plans for the child(ren)'s education?

- c. Please provide contact information for your child(ren)'s school, including name of school, address, phone number, principal's name, and name(s) of teacher(s).
  - d. Plans for employment?
  - e. Plans for child care while you are working? Out socially?
  - f. Plans for the child(ren)'s health care provider?
  - g. Plans, if any, for the child(ren)'s religious involvement?
  - h. Plans for periods of placement with each parent during the school year, summer, school breaks, holidays, and vacations?
20. If it were up to you alone, would you change any of the plans mentioned above in question 19? If so, why and how would you propose financing that change?
21. How much do you propose that you pay to the other parent or how much do you propose the other parent pay you to meet the needs of the child(ren)?
22. Who will be responsible for transporting the child(ren) during your periods of placement?
23. Do you think the child(ren) should keep in touch with the other parent when with you? If so, what will you do to make this happen? If not, explain why.
24. Do you or the other parent have health and/or dental insurance in effect covering the child(ren)? If so, who has the coverage and what is the deductible and co-pay? Please also indicate what amount of the monthly cost of the premium is attributable to the child(ren) and briefly describe the coverage or attach a copy of the plan.
25. Is there any additional information you believe I should know?
26. What do you think is most important for me (or the judge) to consider in addressing the issues of legal custody, placement, child support, and expenses?

FINANCIAL

Please indicate your income and expenses on a monthly basis (or attach completed Financial Disclosure Statement).

Income:

Salary \_\_\_\_\_

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Length of Employment \_\_\_\_\_

Work Days and Hours \_\_\_\_\_

\_\_\_\_\_  
AFDC Grant \_\_\_\_\_

Food Stamps \_\_\_\_\_

General Relief \_\_\_\_\_

Child Support \_\_\_\_\_

Other \_\_\_\_\_

Deductions:

Federal Tax \_\_\_\_\_

Social Security \_\_\_\_\_

State Tax \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Deductions \_\_\_\_\_

Net Income \_\_\_\_\_

Total Gross \_\_\_\_\_

Expenses (or attach complete Financial Disclosure Statement):

Rent/Mortgage \_\_\_\_\_

Utilities \_\_\_\_\_

Food Expenses \_\_\_\_\_

Telephone \_\_\_\_\_

Clothing (yourself) \_\_\_\_\_

Clothing (child) \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Dental Expenses \_\_\_\_\_

Entertainment \_\_\_\_\_

Child Care \_\_\_\_\_

Auto Expense \_\_\_\_\_

Other \_\_\_\_\_

Outstanding Loans/Debts:

To Whom:

Purpose:

Monthly Payment:

Balance Due:

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

PERSONAL:

1. Please list your marital history. Include all marriages.

Date of Marriage:                      Spouse Names:                      Date of Divorce:                      Children's Names and Birthdates:

---

---

List any non-marital children born to you or the other parent:

---

---

2. Have you, the other parent, or the child(ren) been involved in counseling or therapy? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list the dates, counselors, reasons for seeking treatment, and any prescribed medications.

Please provide the name, address, and phone number for each therapist who has seen you or the child(ren) within the past two years.

3. Have you or the other parent ever been arrested? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain the details:

4. Has the other parent ever pushed, shoved, choked, hit or hurt you physically in any way?  
Yes \_\_\_\_ No \_\_\_\_

5. Has the other parent ever forced you to have sexual contact when you did not want to?  
Yes \_\_\_\_ No \_\_\_\_

6. Has the other parent ever hurt any other person or pet in your household?  
Yes \_\_\_\_ No \_\_\_\_

7. Has the other parent ever damaged or destroyed your property?  
Yes \_\_\_\_ No \_\_\_\_

8. Has the other parent ever threatened to do any of the things mentioned in questions 1-4?  
Yes \_\_\_\_ No \_\_\_\_

9. Have you ever called the police, requested a restraining order, or sought help for yourself or your child because of something the other parent did?  
Yes \_\_\_\_\_ No \_\_\_\_\_

\*If answered yes to any of the above, please explain.

11. Do you or the other parent have any health problems which interfere with your daily routine or have the potential to do so? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.
12. Does/do the child(ren) have any special health, emotional or educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, give details.
13. If either you or your spouse is involved in a relationship, list the person's name, residence, employment, children, and the extent of his/her contact with your child(ren).

The above statements are true to the best of my knowledge.

Signed: \_\_\_\_\_

Please Print:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address (personal, not employment)

\_\_\_\_\_  
Home Phone                  Work Phone

\_\_\_\_\_  
Place of Employment          Hours

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

\_\_\_\_\_  
Social Security Number

*Date*

RE:

Dear *Mr.* \_\_\_\_\_ *and Ms.* \_\_\_\_\_:

I am the attorney appointed by the court as Guardian ad Litem for your *child(ren)*. My function is to represent their interests in the court action which is currently pending. As *name's* advocate, it is my responsibility to investigate the situation and ultimately to make recommendations to the parties and the Court regarding custody, placement and support.

I have enclosed a general Guardian ad Litem brochure for your review. In order to properly evaluate the case, I will need to meet with you. Please contact my office at your earliest convenience to schedule an appointment. Also, please direct any email correspondence to my assistant, *name*, at *email address*, as s/he will print them for my review.

A minimum deposit of \$*amount* each party is required prior to our initial appointment. My hourly rate for this matter is \$*amount* per hour. Any time expended by my legal assistant will be billed at a rate of \$*amount* per hour. Further, I will provide monthly billing statements and the balance due must be paid promptly upon receipt unless other arrangements are made.

Prior to our meeting, I ask that you prepare and deliver or send the following:

1. A chronology of the placement schedule which has been followed since the judgment.
2. *Child(ren)*'s history including: allocation of child care, supervision and discipline; description of child including personality, likes/dislikes, special needs, relationship with family members-especially parents; opinion as to what custody/placement plan would be in your *child(ren)*'s best interests-list reasons; potential ability to cooperate with other parent regarding child rearing.
3. Completed questionnaire.
4. List of possible collateral sources, i.e., individuals with significant contacts/relationship with your *child(ren)*. Include name, complete address including zip code, telephone number and, if known, anticipated input.

Please complete the foregoing and send it to my office prior to our appointment. This will enable us to discuss concerns and options rather than spending the bulk of our meeting just gathering biographical data. Also, please bring any notes, reports or diary which you may have already prepared.

If you have any questions before we meet, please do not hesitate to call. Thank you for your anticipated cooperation.

Sincerely,

Attorney at Law

/  
Enclosures

cc: *attorneys*

## POST-JUDGMENT PARENT'S QUESTIONNAIRE

These are necessary, thought-provoking questions as custody/placement is an extremely important issue. Please answer to the best of your ability; however, do not be concerned if you have difficulty providing a complete answer. An interview will follow which will allow you to expand upon your answers. If more space is needed, use additional sheets of paper.

Name \_\_\_\_\_ Date \_\_\_\_\_

### PARENTING

1. Please name the child(ren) involved.

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. What is the current situation regarding decision making and placement of your child(ren)? Describe a typical day for your child(ren).
3. What form of legal custody are you seeking: joint or sole? Why?
4. Do you think that you and the other parent can make decisions together relating to major concerns affecting your child(ren) such as: religion, child care, non-emergency medical care and extracurricular activities?
5. How do you foresee settling disagreements over your child(ren) in the future? Please give any suggestions you have for improving communication.
6. Are there any areas of concern you have regarding the other parent's ability to care for your child(ren)? Your own?
7. Is there anything you can give your child(ren) the other parent cannot?
8. Is there anything the other parent can give your child(ren) you cannot?

9. What would you like the parental relationship between you and the other parent to be if your child(ren) is in your custody/placement?
10. What have you told your child(ren) about the court action?
11. What areas of your child(ren)'s life would be important to discuss with the other parent?
12. Describe your relationship with your child(ren). Do the same for the other parent.
13. Since parenting is a difficult job most parents feel there are areas which they could improve. Do you find there are things you would like to change or improve upon in your parenting?
14. What type of discipline do you use with your child(ren)? What type does the other parent use?
15. What is the current plan for the following areas? (Please use additional sheets as necessary)
  - a. Plans for where you are going to live?
  - b. Plans for your child(ren)'s education?
  - c. Please provide contact information for your child(ren)'s school, including name of school, address, phone number, principal's name, and name(s) of teacher(s).
  - d. Plans for employment?
  - e. Plans for child care while you are working? Out socially?
  - f. Plans for your child(ren)'s health care provider?
  - g. Plans for your child(ren)'s religious commitment?
  - h. Plans for periods of placement with the other parent?
16. What was the schedule at the time of the last court order? What changes, if any, have occurred since? When? Why?
17. What specific changes do you believe need to be made in the current custody/placement court order? Why?

18. How much do you propose that you pay to the other parent or how much do you propose that the other parent pay to you to make the placement plan work?
  - a. Should either parent pay child support? If so, how much?
  - b. How do you propose allocating your child(ren)'s expenses?
  
19. Who will be responsible for transporting your child(ren) during your periods of placement?
  
20. How will your child(ren) keep in touch with the other parent when with you, and if you do not propose to have your child(ren) contact the other parent when they are with you, please explain?
  
21. Describe your child(ren)'s relationships/involvements with both extended families?
  
22. Do you or the other parent have health and/or dental insurance in effect covering your child(ren)? If so, who has the coverage and what is the deductible and co-pay? Please also indicate what amount of the monthly cost of the premium is attributable to your child(ren) and briefly describe the coverage or attach a copy of the plan.
  
23. Have you and the other parent participated in mediation about custody/placement? When and with whom?

FINANCIAL

Please indicate your income and expenses on a monthly basis.

Income:

Salary \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 Work Days and Hours \_\_\_\_\_  
 \_\_\_\_\_  
 AFDC Grant \_\_\_\_\_  
 Food Stamps \_\_\_\_\_  
 General Relief \_\_\_\_\_  
 Child Support \_\_\_\_\_

Deductions:

Federal Tax \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 State Tax \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Deductions \_\_\_\_\_  
 Net Income \_\_\_\_\_

Other \_\_\_\_\_

Total Gross \_\_\_\_\_

If Married, Spouse's Income: Gross: \_\_\_\_\_

Net: \_\_\_\_\_

Expenses:

Rent/Mortgage \_\_\_\_\_

Medical Expenses \_\_\_\_\_

Utilities \_\_\_\_\_

Dental Expenses \_\_\_\_\_

Food Expenses \_\_\_\_\_

Entertainment \_\_\_\_\_

Telephone \_\_\_\_\_

Child Care \_\_\_\_\_

Clothing (yourself) \_\_\_\_\_

Auto Expense \_\_\_\_\_

Clothing (child) \_\_\_\_\_

Other \_\_\_\_\_

Outstanding Loans/Debts:

To Whom:

Purpose:

Monthly Payment:

Balance Due:

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PERSONAL:

1. Please list your marital history. Include all marriages.

Date of Marriage:

Spouse Names:

Date of Divorce:

Children's Names and Birthdates:

List any non-marital children born to you or the other parent:

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2. Have you, the other parent or your child(ren) been involved in counseling or therapy? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list the dates, counselors, and reasons for seeking treatment.

Please provide the name, address, and phone number for each therapist who has seen you or your child(ren) within the past two years.

3. Have you or the other parent ever been arrested? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain the details:

4. Has the other parent ever pushed, shoved, choked, hit or hurt you physically in any way?  
\_\_\_\_ yes \_\_\_\_ no

5. Has the other parent ever forced you to have sexual contact when you did not want to?  
 yes       no
6. Has the other parent ever hurt any other person or pet in your household?  
 yes       no
7. Has the other parent ever damaged or destroyed your property?  
 yes       no
8. Has the other parent ever threatened to do any of the things mentioned in questions 4-7?  
 yes       no
9. Have you ever called the police, requested a restraining order, or sought help for yourself because of something the other parent did?  
 yes       no
10. Have you or the other parent ever been treated for drug or alcohol dependency? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please list the dates and reasons for seeking treatment.

\*If answered yes to any of the above, please explain.

11. Do you or the other parent have any health problems which interfere with your daily routine or have the potential to do so? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.
12. Do/does your child(ren) have any special health, emotional or educational needs? Yes \_\_\_ No \_\_\_  
 If so, give details.
13. If either you or the other parent is involved in a relationship or remarried, list the person's name, residence, employment, any children, and their relationship with your child(ren).

The above statements are true to the best of my knowledge.

Signed: \_\_\_\_\_

Please Print:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Email Address (personal, not employment)

\_\_\_\_\_

Home Phone

Work Phone

\_\_\_\_\_

Place of Employment

Hours

*Date*

RE:

Case No.

Dear Mr. \_\_\_\_\_ and Ms. \_\_\_\_\_ :

As you know I have been reappointed to represent *child(ren)'s names* best interests in the post-judgment action currently pending in Family Court. A minimum deposit of \$*amount* per party has been ordered by the court and is required prior to our scheduled meetings. My hourly rate for this matter is \$*hourly rate* per hour. Any time expended by my legal assistant will be billed at a rate of \$*hourly rate* per hour. I will provide monthly billing statements and the balance due should be paid promptly upon receipt.

As I have extensive knowledge of this case from my prior involvement, I am not going to ask that you prepare the biographical information I usually request. However, I am asking that you each prepare a brief written chronology of key events since the divorce as well as a synopsis of the current issues. I ask that this information be forwarded for my review prior to our initial appointment. Please call and schedule an appointment with my assistant, *name*, at your earliest opportunity. Also, please direct any email correspondence to *name* at *email address* as s/he will print them for my review.

Lastly, I ask that you prepare a list of collateral sources, *i.e.*, friends/family members who have significant contact with *child(ren)'s name(s)* and can provide relevant information and insights. Please include names, complete addresses including zip codes and telephone numbers.

Thank you for your anticipated cooperation.

Sincerely,

Attorney at Law

/  
Enclosures

cc:

*Date*

RE:

Dear :

I am the Guardian ad Litem for *child(ren's) name(s)*. My function is to represent *his/her/their* best interests in the pending Family Court action. As *child(ren's) name(s)* advocate, it is my responsibility to investigate the situation and ultimately to make recommendations to the parties and the Court regarding custody, placement and support.

I have been advised that you may have information regarding the family which could assist in my advocacy on behalf of *chil(ren's) name(s)*. Please complete the enclosed questionnaire and return it to me. I ask that you be honest and candid in your reply and base your responses on what you have personally observed. You can be assured that I will take your comments seriously. If you wish to add to your answers in person or by telephone, please feel free to contact me.

Sincerely,

Attorney at Law

/  
Enclosure

*Date*

RE:

Dear *Principal Name*:

I am the court appointed Guardian ad Litem for *child's name*. My function is to represent *child's name* interests in the Family Court action which is currently pending.

I would appreciate any input regarding the *family name* family that you may provide to assist me in my evaluation process. Enclosed are releases of information signed by each parent. Please contact me at your earliest convenience regarding this matter.

I would also appreciate it if the enclosed form could be completed by the person at school who has the most first-hand information regarding *child's name*. Please return the form in the enclosed self-addressed, stamped envelope at your earliest convenience. Also, please forward any written reports, report cards, test results, notes or other materials regarding *child's name* as well. If anyone would like to speak with me personally, please contact my assistant, Davia Fenton at 414-273-2422, to schedule a mutually convenient time.

Thank you for your help in this matter.

Sincerely,

Susan A. Hansen  
Attorney at Law

SAH/dkf  
Enclosures

## COLLATERAL SOURCE QUESTIONNAIRE

RE:

Family/Parent Name:

Children's Names:

Reported By:

Please answer each question honestly and as fully as you feel is necessary. Both positive and negative information should be included. If additional space is needed, feel free to use the back of the questionnaire or additional sheets.

1. How long have you known this family and in what capacity? (friend, relative, neighbor or co-worker)
  
2. How much opportunity have you had to observe the parent or parents with their children and in what settings? How recently, and how often in the past year, have you had contact with this family?
  
3. How would you describe each parent in the following areas?
  - A. Types of activities each parent participates in with the children:
  
  - B. What kinds of rules and guidelines each parent sets for the children:
  
  - C. How does each parent discipline the children? Give examples:
  
  - D. Communication and emotion shared between parent and children:
  
4. Do you believe these parents are capable of working together for the good of their children? Why or why not?
  
5. Do you feel either parent would interfere with or try to control the other parent's relationship or time with the children in a destructive way? If so, please give examples or reasons for your opinions.
  
6. What changes, if any, have you noticed in the children's behavior and/or emotions since the action started? Please give examples.

7. What changes have you noticed in the relationship between each parent and the children since the action started? Please give examples.
  
8. In your judgment, does either parent have a problem with alcohol or drug use? If so, how have you seen this affect the children?
  
9. In your experience, does either parent have a history of being physically violent, threatening or have a violent temper? If so, please detail your observations and explain the effects of this on the children.
  
10. If you were the judge hearing this case, what would you see as the most important factors in determining what is in the children's best interests?
  
11. What legal custody and placement schedule (i.e., time with each parent) do you believe would be best for the children? Why?
  
12. Please provide any additional information, suggestions or ideas you have which you believe would be helpful to the children.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to parties

Please feel free to contact me for an appointment if you wish further input (414) 273-2422.

*Date*

RE:

Dear Principal *name*:

I am the court appointed Guardian ad Litem for *child's name*. My function is to represent *his/her* interests in the Family Court action, which is currently pending.

I understand that *child's name* is no longer a student at *school's name*, however, I would appreciate any input regarding the *name* family that you may provide to assist me in my evaluation process. Enclosed is a release of information signed by *name*.

If possible, I would also appreciate completion of the enclosed school report by the person at the school who has had the most first-hand information regarding *child's name*. Please return the form in the enclosed self-addressed, stamped envelope at your earliest convenience. Also, please forward any written reports, report cards, test results, notes or other materials regarding *child's name* as well. If anyone has specific input to discuss, please feel free to contact me directly.

Thank you for your help in this matter.

Sincerely,

Attorney at Law

/  
Enclosures

**AUTHORIZATION FOR RELEASE OF DAYCARE RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE:  
Case No.:  
Records of: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

You are hereby authorized to release to *(name of firm)*, or its designated representative, any and all information relating to the above individual that is currently in his/her daycare records and future updates as may be requested by *(name of firm)*.

I understand this consent is revocable except to the extent that action has been taken in reliance thereon. This consent shall remain in effect unless it is revoked in writing.

It is expressly understood that any information released to the law firm named above may be used only by that law firm in preparation of the pending action.

I authorize that a photocopy or facsimile of this document be accepted with the same force and effect as the original.

Dated: \_\_\_\_\_  
Parent

PLEASE RETURN REQUESTED INFORMATION TO:  
Attorney

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Records of: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

You are hereby authorized to release to (*name of firm*), or its designated representative, any and all information relating to the above individual(s) that is currently in his/her school records and future updates as may be requested by them.

I understand this consent is revocable except to the extent that action has been taken in reliance thereon. This consent shall remain in effect unless it is revoked in writing.

It is expressly understood that any information released to the law firm named above may be used only by that law firm in preparation of the pending action.

I authorize that a photocopy or facsimile of this document be accepted with the same force and effect as the original.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent, Guardian, or Client  
Or Person Authorized

\_\_\_\_\_  
Relationship to Person  
Authorized When Applicable

RETURN REQUESTED INFORMATION TO:  
Attorney

## SCHOOL REPORT

Report For:

Child's Name:

Child's DOB:

Child's Grade:

As Reported By:

Teacher's Name:

School Name:

School Address:

School Phone Number:

The child's current academic performance is:

\_\_\_\_\_ Outstanding    \_\_\_\_\_ Above Average    \_\_\_\_\_ Average    \_\_\_\_\_ Below Average

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child working up to his/her potential at the present time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly summarize the child's appearance (including personal hygiene): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child currently exhibiting any behavior problems? If so, please describe the problems and include any specific relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has there been a significant pattern of unexcused absences or tardiness? If so, are there any known reasons for this pattern? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly summarize how the child interacts with his/her peers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has school staff been contacted by any family member regarding the child's progress in school? \_\_\_\_\_ If the answer is yes, please specify who has contacted school staff, who was contacted, the frequency of the contacts, and the nature of the contacts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know if any family member helps the above named child with school work? \_\_\_\_\_ If the answer is yes, please specify the name of the person who helps with the work and the reason you believe the child receives help from that person: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has school staff ever initiated contact with either parent that resulted in no response? \_\_\_\_\_ If so, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the child ever discuss his/her home situation? \_\_\_\_\_ If yes, please summarize the child's comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any general observations or comments you would like to add? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*Date*

RE:

Dear:

I am the court appointed Guardian ad Litem for *name* in the above-referenced matter. I have enclosed a release of information executed by *name*

I would appreciate an opportunity to discuss this matter with you. Please contact me at your earliest convenience. If I am not available when you call, please feel free to speak to my assistant, *name*, to schedule a mutually convenient time for a conference call.

Thank you for your anticipated cooperation. I look forward to hearing from you soon.

Sincerely,

Attorney at Law

/  
Enclosure

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

Patient Name:

Date of Birth:

1. I authorize the use or disclosure of the above named individual's health information as described below.

2. The following individual(s) or organization is authorized to make the disclosure:

3. The type and amount of information to be used or disclosed is as follows: (include dates where appropriate)

- complaints and diagnosis
- list of medication
- list of allergies
- immunization records
- most recent medical and/or physical history      from \_\_\_\_\_ to \_\_\_\_\_
- most recent discharge summary                      from \_\_\_\_\_ to \_\_\_\_\_
- laboratory results    from \_\_\_\_\_ to \_\_\_\_\_
- x-ray and imaging reports                                  from \_\_\_\_\_ to \_\_\_\_\_
- consultation reports    from \_\_\_\_\_
- entire medical/dental/psychiatric/psychological record**
- other

4. I understand that the information in my health record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. It is my intention by this authorization to comply with Wis. Stats. Sections 51.30, 905.04, 146.81, 146.82, 146.83 and any other applicable statutes requiring my full and informed consent for otherwise privileged information.

6. This information may be disclosed in person, telephonically, or in writing to and used by the following individual or organization:

*(name and contact information of firm)*

For the purpose of a pending legal action.

7. It is expressly understood that any information released to the law firm named above may be used only by that law firm or individuals the firm retains or consults with in preparation of the pending action and may not be released to any other person without my or my attorney's prior written consent.

8. I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization, I must do so in writing and present my written revocation to the

health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: conclusion of the pending action. If I fail to specify an expiration date, event or condition, this authorization will expire in six months. I authorize that a photocopy or facsimile of this document be accepted with the same force and effect as the original.

9. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about the disclosure of my health information, I can contact *(name of firm and contact information)*

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature of Witness  
(not needed if patient signs)

*Date*

RE:

Case No.:

Dear:

I am the court appointed Guardian ad Litem for *name (DOB:)* in the above-referenced matter. Subject to the enclosed Court Order dated *(date)* by Judge *(name)*, please provide me with all investigative reports that you have regarding the alleged abuse of *(name)*.

If there are any problems regarding this request, please contact me immediately. Thank you for your assistance.

Sincerely,

Attorney at Law

/  
Enclosure

cc: *attorney (w/Enc.)*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Records of:  
Date of Birth:

You are hereby authorized to release to (*name of firm*), or its designated representative, any and all information relating to the above individual that is currently in his records (and future updates as may be requested by them).

I understand this consent is revocable except to the extent that action has been taken in reliance thereon. This consent shall remain in effect unless it is revoked in writing.

It is expressly understood that any information released to the law firm named above may be used only by that law firm in preparation of the pending action.

I authorize that a photocopy or facsimile of this document be accepted with the same force and effect as the original.

Dated: \_\_\_\_\_

RETURN REQUESTED INFORMATION TO:  
Attorney

[ ] In re the Paternity of: \_\_\_\_\_

**ORDER FOR DISCHARGE  
AND FOR PAYMENT OF  
GUARDIAN AD LITEM**

[ ] In re the Marriage of:

\_\_\_\_\_  
Petitioner

Case # \_\_\_\_\_ FA / PA \_\_\_\_\_

-- and --

Family A B C D E

\_\_\_\_\_  
Respondent

KIDS IV-D # \_\_\_\_\_

The court orders and finds that:

Atty. \_\_\_\_\_, appointed by the court in this action as guardian ad litem on \_\_\_\_\_, 20 \_\_\_\_ is discharged upon the entry of the court's final order or upon the termination of any appeal in which said guardian ad litem participates. At any time, the guardian ad litem, any party or the person for whom this appointment was made, may request in writing that the court extend or terminate the appointment pursuant to sec, 767.407(5), Wis. Stats,

The fees requested by said guardian ad litem for services rendered are found to be reasonable and necessarily incurred for the benefit of the minor child(ren) for which the appointment was/were made, and are in the nature of child support pursuant to sec, 767.407(6), Wis. Stats.

Each of the parties shall pay the guardian ad litem for these services as follows:

**Total amount owed by the father: \$ \_\_\_\_\_**

Method of payment:

[ ] In one lump sum on or before \_\_\_\_\_, 20 \_\_\_\_.

[ ] In monthly installments of \$ \_\_\_\_\_ each commencing \_\_\_\_\_, 20 \_\_\_\_ until paid in full.

[ ] Other:

**Total amount owed by the mother: \$ \_\_\_\_\_**

Method of payment::

[ ] In one lump sum on or before \_\_\_\_\_, 20 \_\_\_\_.

[ ] In monthly installments of \$ \_\_\_\_\_ each commencing \_\_\_\_\_, 20 \_\_\_\_ until paid in full.

[ ] Other:

If either party ordered to make payment(s) to the guardian ad litem is 30 days or more late with any such payment, the guardian ad litem may submit to the court, upon notice to the parties, an income assignment order for such payment to be made from the wages/earnings/income of that party directly to the guardian ad litem

In addition to the remedy provided above, the guardian ad litem may seek enforcement of this order by contempt proceedings under Ch, 785, Wis. Stats., or any other procedure authorized by law. If the guardian ad litem incurs costs, such as service of process or filing fees, for any motion or other authorized procedure filed with the court for enforcement of this order, the guardian ad litem shall be entitled to reimbursement and/or compensation for such costs.

This matter is scheduled before the court on \_\_\_\_\_ at \_\_\_\_\_ M., for the purpose to reviewing each party's compliance with this payment order. Any party required to be making such payment is ORDERED TO APPEAR at that time.

This hearing may be cancelled by the guardian ad litem upon notification to the court and by reasonable notice to the party or parties.

The guardian ad litem shall **continue to serve** in this action after entry of the final order for the following limited time and/or purpose:

However, all terms of any order for payment of fees, as set forth in this order, must be strictly complied with during this continuation.

Dated at Milwaukee, Wisconsin on \_\_\_\_\_, 20 \_\_\_\_\_.

BY THE COURT:

\_\_\_\_\_  
Circuit Court Judge

*Date*

RE:

Dear:

My appointment ended upon resolution of the issues of custody and placement in the Court Judgment. Just to remind you, I have no authority to intervene on *child(ren) name(s)* 's behalf in the future unless I am reappointed by the court.

I want to commend you both for reaching an agreement. Given the emotional stress and financial costs of litigation, I hope you both find ways to communicate and co-parent on behalf of your *child(ren)* and to resolve any future issues outside the court system. \*

You have (*a*) wonderful *child(ren)* who need and want love and support from both of you. I wish you and your family all the best. Take care.

**\*[may want to add paragraph relating to options for co-parenting counseling with/? per the Judgment in specific cases. Also note if fees are not paid/ordered by the court.]**

Sincerely,

Attorney at Law

/  
cc: *attorneys*