

GAL/CHILD REPRESENTATIVE INFORMATION SHEET

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WORKPHONE _____ FAX: _____

EMAIL _____

DOB: _____

HAVE RECEIVED THE ISBA GAL TRAINING? YES _____ NO _____
(If No, are you interested In receiving the training?) YES _____ NO _____

Have completed the following continuing education courses (including local circuit programs) within the past two years that cover areas of child development, roles of guardian ad litem and child representative, ethics in child custody cases, relevant substantive law, family dynamics (including substance abuse, domestic abuse and mental health issues).

Attach additional sheets if needed.

<u>COURSE</u>	<u>DATE</u>	<u>CLE HOURS</u>

Are you interested in being on the GAL/child representative list for the second judicial circuit?
Yes _____ No _____

Are you interested in being on the list for probate court for guardian ad litem or child representative of a minor child in a contested guardianship in the second judicial circuit?
Yes _____ No _____

Do you understand and agree that as a condition of being on the list for the second judicial circuit, you may be required to handle one pro bono appointment annually in the second judicial circuit?
Yes _____ No _____

Date: _____ Signature _____