

Guardian Ad Litem Questionnaire

Name: _____ Today's date: ____/____/____

Aliases: _____ Cell phone: _____
(include maiden/previous married names/nicknames)

Address: _____ Work phone: _____

City & zip: _____ Home phone: _____

Date of birth: ____/____/____

Have you lived outside Ohio in the last 10 years? ___ Yes ___ No.

If yes, City & State: _____

Highest grade you completed in school:

___ Grade ___ HS diploma/GED ___ Trade school ___ Some college

___ Degree ___ Other (Explain) _____

Where did you graduate HS from, _____. What year? _____

Your Employer _____

Address _____

Your Occupation _____ No. of years in this job _____

Duties of Employment _____

Average hours worked weekly _____

Typical work schedule _____

Gross income from employment per month \$ _____

Name of Previous Employer _____

Your former duties _____

Reason for leaving that employer _____

\$ _____ gross monthly wages earned/or income

Remarried/partnered: ____ Yes ____ No

If yes, new spouse/partner's name: _____

Who lives (or often stays) in the home you are at: (Please list all persons)

Children involved in this case:

Name	Sex	Age	Date of birth	Child of both parties? (Y/N)	With whom does child live?

Other Children or Step Children of yours, whether they live with you or not.
Please include any adult children

Name	Sex	Age	Date of birth	Child of both parties? (Y/N)	With whom does child live?

Which school(s) do the child(ren) attend?

How long have they attended school in this district?

Who filed current court action: _____ Mother _____ Father

Your attorney's name: _____

Which category best describes your *current* relationship with the other party? (check one).

_____ Divorcing/separating, but living together

_____ Divorcing, living apart since _____

_____ Already divorced

_____ Other: _____

Do you think the other parent is a good parent? _____ Yes _____ No.

How close are you and the other party to an agreement about custody and visitation?

_____ We are close to an agreement on parenting arrangements.

_____ We do not agree on a parenting arrangement.

I think we agree to the following:

_____ child(ren) will continue to see both parents on a regular basis, we just do not agree on what the time arrangement should be.

_____ child(ren) will remain in _____ school district.

Other: _____ .

I think we disagree on the following issues:

(We will talk in more detail. Just let me know in general your disagreements over child issues).

○ _____

○ _____

○ _____

What is the current custody/parenting arrangement?
(Describe here):

How long has it been in place? _____

Is this parenting arrangement part of a Court Order? _____ Yes _____ No

How well is it working? _____ Very well _____ Okay _____ Poorly

What if anything do you want to see changed from the existing Order or arrangement?

What do you want the Court to award you in this case?

What do you want the Court to award the other parent?

Do you think it would help to sit down with the other parent and a neutral third party to try to establish parenting arrangements or to resolve issues between the two of you?

___ Yes ___ No ___ Not sure

Has there ever been a Civil Protection Order or No Contact Order issued against you or the other party?
____ Yes ____ No

If yes, indicate approximate dates and what Court:

Have the police ever been called on you or the other party ?

____ Yes ____ No Date(s): _____

If yes, was there an arrest? ____ Yes ____ No

Who was arrested?

What was the charge?

COMMUNICATION

How well do you and the other party work together and communicate about your children?

- ____ We cooperate pretty well
- ____ We cooperate some of the time
- ____ We don't cooperate well at all
- ____ Cooperation is almost impossible
- ____ We do not have any contact

Do you trust the other party to do what they say they will do?

- ____ Yes
- ____ No
- ____ Somewhat
- ____ It depends

Do you trust the other party to do what they think is best for the child(ren)?

- ____ Yes
- ____ No
- ____ Somewhat
- ____ It depends

Do you approve of the other party's choices and lifestyle?

- Yes
- No
- Somewhat
- It depends

Briefly describe your concerns: _____

Do you think you and the other party are able to agree on most decisions that affect the child(ren)?

- Yes
- No
- Somewhat
- It depends

Do you and the other party respect each other as parents, including how you each discipline and supervise the child(ren)?

- Yes
- No
- Somewhat
- It depends

How did you and the other party arrive at your current parenting arrangement?

- We worked it out together
- We worked it out with help from:
 - family and friends
 - a counselor, lawyer or mediator
- A judge decided
- A custody evaluator got involved
- I made the decision on my own
- The other parent decided on his/her own

How would you rate the other party as a parent?

- Very good, no concerns
- Good, no major concerns
- Good, but some concerns
- Poor, some serious concerns
- Awful, major concerns
- Dangerous

What do you think are the major issues in this case?

Major decision-making about child(ren)

Parenting time/pick-up and exchange

Daily care/discipline of child(ren)

Financial issues

Safety issues

Negative talk in front of child(ren)

Other: _____

CHILD WELFARE

Do any of your children have any health problems, special education or other special needs?

Yes

No

If yes, describe:

Do you have any concerns regarding excessive alcohol use by the other party? yes no

If the other party is currently using, select all that apply:

Alcohol use negatively impacts the child(ren)

Alcohol use negatively affects the other party's ability to care for/supervise the child(ren)

Do you have any concerns regarding the use of illegal or prescription drugs by the other party?

yes no

If the other party is currently using, select all that apply:

Drug use negatively impacts the child(ren)

Drug use negatively affects the other party's ability to care for/supervise the child(ren)

Have you ever been diagnosed with a mental health condition or disorder? yes no

If yes:

Diagnosis _____

Currently receiving treatment? Yes No

Does condition affect ability to parent? ___ Yes ___ No

Has the other party ever been diagnosed with a mental health condition or disorder?

If yes:

Diagnosis _____

Currently receiving treatment? ___ Yes ___ No

Does condition affect ability to parent? ___ Yes ___ No

Do you believe the other party has an undiagnosed mental health condition?

___ Yes ___ No ___ Unsure

If yes, does condition affect ability to parent? ___ Yes ___ No ___ Unsure

Are there any other persons who come in contact with your children who you believe may have alcohol, drug, or mental health issues? ___ Yes ___ No

If yes, who, what contact, and what issues are you concerned about?

Counseling: Has either the Mother, Father or the child(ren) been involved with counseling?

___ Yes ___ No

If yes, who? _____

If yes, when and where? Please add dates and contact information of counselor.

Mother: _____

Father: _____

Child(ren) _____

Child (ren) _____

OTHERS WHO ARE “IN THE KNOW”

I may want to contact other persons who are involved with your children or with the parents and who may understand the family dynamics. Please let me the names and phone numbers of teachers, coaches, grandparents, aunts and uncles, grandparents, neighbors, counselors, or your friends who I could call to help me understand you, your child(ren), the other parent, and family dynamics.

Interaction and Interrelationship with others significantly involved with your child(ren) (relatives, friends, significant others, stepparent). ***This is an important question, so please answer as fully as possible. A decision will be made at a later time about the possibility of contacting these people.***

Name of Person	Address	Phone	Relationship w/ Child

Please state any other factor important to you in the investigation of this matter.

TO THE BEST OF MY KNOWLEDGE I BELIEVE THE INFORMATION HEREIN IS TRUE

Date

Your Signature