

GUARDIAN AD LITEM QUESTIONNAIRE

THIS GUARDIAN AD LITEM QUESTIONNAIRE IS DESIGNED TO GIVE THE GUARDIAN SOME BACKGROUND INFORMATION REGARDING YOU, YOUR SPOUSE AND YOUR CHILD(REN). IN ADDITION, THE GUARDIAN WILL WANT TO SPEAK WITH YOU PERSONALLY AFTER YOU HAVE COMPLETED THIS QUESTIONNAIRE.

INSTRUCTIONS

1. Please print out this Guardian ad Litem Questionnaire and fill in by hand.
2. Please fill this out to the best of your ability, if you do not know an answer to a question, please state so. The Guardian is looking for substance, not quantity. Meaning, answering all questions or not answering all questions will have no effect, it is how you answer the questions.
3. Should you need more space, please write on the back of the page or add additional pages, making note of that in the space provided in this Questionnaire.
4. If this is NOT a divorce action, the "Spouse" will mean the opposing party.
5. When completed, please return to (prior to returning, you may want to discuss it with your attorney):

David J. Casey
P.O. Box 813102
Smyrna, Georgia 30082

This Questionnaire is intended for the use by parties in cases wherein Mr. Casey is the Guardian ad Litem. It is the property of David J. Casey and shall be surrendered upon demand. Any unauthorized reproduction or use of these Forms without express written approval is prohibited and shall subject the violator to all applicable Criminal and Civil penalties under Federal and State laws.

I.
PERSONAL HISTORY

(A) Relation to Child(ren) concerning this Litigation:

Mother [] Father [] Custodian [] Other _____

(B) Your Name, Address and Telephone Number(s).

1. Name: _____
(First) (Middle) (Last) (Maiden)

2. Tel: Home: _____ Cell/Pager _____

Work: _____ Email _____

3. Home Address: _____

(C) Date of Birth _____ **Current Age:** _____

(E) Education:

School	Location	Year Graduated or Attended	Degree Earned
High School	_____	_____	_____

College/Trade _____

Graduate (Masters) _____

Graduate (Doctorate) _____

Notes: _____

II. EMPLOYMENT HISTORY

(A) Current Employment: Employed Self-Employed Unemployed

1. Employer's Name _____
2. Employer's Address:

(Street No.) (Street Name) (City) (State) (Zip)
3. Length of Employment Years _____ Months _____
4. Position _____
5. Are You: Full Time (At least 40 Hours per Week)
 Part Time - Amount of Hours per Week _____
6. Salary: Amount \$ _____
Paid Weekly Bi-Weekly Every 2 Weeks Monthly Other _____

(B) Current Second Job: Not Applicable

1. Employer's Name _____
2. Employer's Address:

(Street No.) (Street Name) (City) (State) (Zip)
3. Length of Employment Years _____ Months _____
4. Position _____
5. Are You: Full Time (At least 40 Hours per Week)
 Part Time - Amount of Hours per Week _____
6. Salary: Amount \$ _____
Paid Weekly Bi-Weekly Every 2 Weeks Monthly Other _____

(C) Employment History: Briefly describe your Employment History

**III.
HEALTH**

(A) Your Health:

(1) Please describe your current health:
Good [] OK [] Bad [] Other [] _____

(2) Are you currently on any medication? Yes [] No []

If Yes, please state:

Medication Name	For What Condition	How Long Have You Taken It?
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(3) Are you Currently under a Doctors care? Yes [] No []

If Yes, please state why you are under a doctor's care and how long:

(B) Spouse's Health:

(1) Please describe your spouse's current health:
Good [] OK [] Bad [] Other [] _____

(2) Is your spouse currently on any medication? Yes [] No [] Unknown []

If Yes, please state:

Medication Name	For What Condition	How Long Have You Taken It?
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(3) Is your spouse Currently under a Doctors care? Yes [] No [] Unknown []

If Yes, please state why you are under a doctor's care and how long:

**IV.
MARITAL HISTORY**

(A) Marriages:

1. How many times have you been married (Including this Marriage)? _____
2. If more than 1, please state:

Name of Spouse	Date of Marriage	Date of Divorce	Where Divorced	Grounds for Divorce
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(B) Concerning THIS MARRIAGE:

(1) Separations: Have you and your Current Spouse ever separated previously? Yes [] No []

If Yes, please state the causes with approximate dates of Separation and reconciliation:

(2) Prior Litigation: Have you taken your Current Spouse to Court before (i.e. Temporary Restraining Order, prior divorce)? Yes [] No []

If Yes, please state the need for the action, type of action and the approximate date of the action:

(B) Concerning PRIOR MARRIAGES:

(1) Relationship with Prior Spouse(s): What is your current relationship with your prior spouse(s)?

1 st Spouse	Good []	OK []	Bad []	Other []	_____
2 nd Spouse	Good []	OK []	Bad []	Other []	_____
3 rd Spouse	Good []	OK []	Bad []	Other []	_____

(2) Subsequent Litigation: Have you gone back to Court with a former spouse for any reason? Yes [] No []

If Yes, please state the circumstances and outcome of the Court Proceeding:

(C) Cohabitation: Is there anyone else who lives with you? Yes [] No []

If Yes, please state:

Name: _____ Relationship: _____ Age _____

Name: _____ Relationship: _____ Age _____

Name: _____ Relationship: _____ Age _____

Name: _____ Relationship: _____ Age _____

Notes: _____

**V.
CHILDREN**

(A) Please list the Children OF THIS MARRIAGE OR CONCERNING THIS matter:

Name (1 st , Nickname, MI, Last)	Date of Birth	Current Age	Residing With
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(B) Please list any other children you have NOT LISTED IN A above:

Name (1 st , Nickname, MI, Last)	Date of Birth	Current Age	Residing With
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(C) Health of the Children: Please list any health problems that a child or children in either A & B above may have, other than minor ailments (i.e. colds, flu, etc...):

Child's Name	Condition	Age Diagnosed
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(D) Special Needs or Education: Do any of your children (A or B above) have any special needs or require Special education? Yes [] No []
If Yes, please list any special needs or education a child or children may have:

Child's Name

Special Need/Education

Notes: _____

V.
WITNESSES AND REFERENCES

(A) Witnesses: Do you currently intend on having any witnesses (other than yourself and your spouse)? Yes [] No []

If Yes, please list their name(s), telephone numbers and reason for testimony:
Name Telephone Number Reason

(B) Expert Witnesses: Do you currently intend on having any expert witnesses? Yes [] No []

If Yes, please list their name(s), telephone number(s) and reason for testimony:
Name Telephone Number Reason

(C) References: Please list any references that you would like the Guardian to talk with. Please list name, telephone number and a brief statement as to why you're listing this person. Please list these people in order of importance (most important is number 1). The Guardian will attempt to contact the first five (5) and if time and money are available, then others in order. All contacts will be made in the Order they are listed below.

(1) Name: _____ **Tel.** _____

Brief Statement: _____

(2) Name: _____ Tel. _____

Brief Statement: _____

(3) Name: _____ Tel. _____

Brief Statement: _____

(4) Name: _____ Tel. _____

Brief Statement: _____

(5) Name: _____ Tel. _____

Brief Statement: _____

Notes: _____
