



## 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. YOU MUST CALL TO SET UP AN APPOINTMENT WITH HER.**

The following form asks you to disclose significant information regarding your children's care, nurturing, welfare and education as well as your own medical, psychological, professional and social background. Some of the information requested is protected by law from forcible disclosure by privileges of confidentiality (such as the doctor-patient privilege). If you have concerns about disclosing any of the requested information or about signing Authorizations for the Release of Information regarding your children, please discuss this form and your particular concerns about its content with your attorney.

Please fill in all blanks and answer all questions as completely as possible. Please do not leave any blanks empty. If a particular matter does not apply to you, put "N/A" or a dash in the blank so it is clear that you have not simply overlooked the question. If you require additional space, please use the backs of these pages.

- 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):**  
**Britani Galloway**  
**1170 Old Henderson Road, Suite 109**  
**Columbus, Ohio 43220**  
**614-884-3878**  
**bgallowaylawoffice@gmail.com**
- 6. Call Britani to set up an appointment.**

# 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:

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

# of days/mo. traveling \_\_\_\_\_

Average hrs. worked \_\_\_\_\_

Normal work hours weekly including overtime \_\_\_\_\_

Time is available weekly to spend with the child(ren) after work hours \_\_\_\_\_

Gross income monthly \_\_\_\_\_

Current Spouse/Significant Other \_\_\_\_\_

His/Her Date of Birth \_\_\_\_\_

His/Her SSN \_\_\_\_\_

His/Her Driver's License Number \_\_\_\_\_

His/Her normal work hours \_\_\_\_\_

### CHILDREN FOR THIS CASE

Name	Date of Birth	School Name/Daycare Phone #	Teacher This Year	Teacher Last Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate for any school aged child, his or her grade average and adjustment at school.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Costs of private school/daycare per month: \_\_\_\_\_

How long has each child attended said school? \_\_\_\_\_

Children born or adopted by you in another relationship:

Name	Date of Birth	School Name/Daycare Phone #	Teacher This Year	Teacher Last Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note that the doctors may require you to execute Authorizations for the Release of Information before allowing the Guardian access to the children's files. Please be prepared to execute such Authorizations at your first appointment with the Guardian.

A. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Child's health care providers	Date of last visit	Frequency of visits	Who schedules visit/ who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

B. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Child's health care providers	Date of last visit	Frequency of visits	Who schedules visit/ who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

C. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

	Child's health care providers	Date of last visit	Frequency of visits	Who schedules visit/ who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

Children born or adopted by you in another relationship:

Name	Date of Birth	School Name/Daycare Phone #	Teacher This Year	Teacher Last Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Child's Name

Activity/Sport

Period of time in Activity

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## FAMILY HEALTH AND WELLNESS

Mental and Physical health (past, present) of each family member or household resident:

**Person's Name Health Condition, Physical or Mental (and any prescriptions prescribed)**

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Physician, Therapists or Counselor for family and household member:

**Name Physician (Therapist/Counselor) Years Treated**

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Does any person residing with the child(ren), or, who comes in contact with your child(ren) now or in the past:

1. Abuse drugs not prescribed by a medical doctor or purchased over the counter? \_\_\_\_ yes \_\_\_\_ no
2. Abused alcohol? \_\_\_\_ yes \_\_\_\_ no
3. Abuse a child physically or sexually? \_\_\_\_ yes \_\_\_\_ no
4. Neglect a child? \_\_\_\_ yes \_\_\_\_ no
5. Been convicted of a criminal act? \_\_\_\_ yes \_\_\_\_ no
6. Been charged with domestic violence? \_\_\_\_ yes \_\_\_\_ no

County \_\_\_\_\_ Case No. \_\_\_\_\_

7. Been investigated by any Law Enforcement Agency or Children's Services? \_\_\_\_ yes \_\_\_\_ no
8. Failed to provide financial, emotional or physical support for a child? \_\_\_\_ yes \_\_\_\_ no
9. Has the other parent ever kidnaped or refused to return any child? \_\_\_\_ yes \_\_\_\_ no

If the answer to any question 1 through 9 is yes, please describe:

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If you or your co-parent have more than one child living at home, or any other person lives in your home or the other parents home, please describe the relationship between or among those living in your home and the child(ren).

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Is child abuse, child neglect or domestic violence an issue of your case and if so, by whom?

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Was Children's Services ever involved? \_\_\_\_\_

If so: Date became involved \_\_\_\_\_

Who contacted \_\_\_\_\_

Status of Investigation \_\_\_\_\_

Please state any crimes you have been arrested for, convicted of, or pled guilty to:

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## PARENTAL RIGHTS

Describe current custodial arrangement pursuant to Court Order. (If Shared Parenting, who is the residential parent for school placement?)

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If no Court Order, what are the arrangements?:

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Are both parties complying? \_\_\_\_\_

What do you want the Court to award you?

\_\_\_\_\_ Shared Parenting Rights (if checked what do you mean?)

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\_\_\_\_\_ Be designated the Residential Parent

\_\_\_\_\_ Be designated the non-residential Parent

\_\_\_\_\_ Parenting rights in accordance with the Court's local Parenting Plan

\_\_\_\_\_ Other (Please be specific)

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

\_\_\_\_\_ Shared Parenting rights

\_\_\_\_\_ Be designated the Residential parent/non-residential parent (cross out one)

\_\_\_\_\_ Parenting rights in accordance with the Court's local Parenting Plan

\_\_\_\_\_ Limitations you wish imposed on the parent's rights, if any, and why

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Is/are the child(ren) spending overnights at both parents' homes? \_\_\_\_\_

Do you and the other parent communicate generally well? \_\_\_\_\_ no \_\_\_\_\_ yes If "no" why not

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Are you presently experiencing any problems with the exercise of parenting rights? \_\_\_\_\_ no \_\_\_\_\_ yes  
If so, what specific problems?

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Is the current parenting arrangement in the child(ren)'s best interest, and why?

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Describe the parenting arrangement that would be more in the child(ren)'s best interest and why:

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Have you and the other parent attempted to resolve your differences through discussion, counseling or mediation? \_\_\_\_\_ yes \_\_\_\_\_ no If no, why not?

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Driving time between residences? \_\_\_\_\_

How long do you plan to remain in this County?

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Who is ordered to pay child support and how much?

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How long has child support been ordered? \_\_\_\_\_

Are the payments current? (Why not?) \_\_\_\_\_

Describe the child support arrangement that would be in the child(ren)'s best interest and why:

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If you or your co-parent have more than one child living at home, or any other person lives in your home or the other parents home, please describe the relationship between or among those living in your home and the child(ren).

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Is child abuse, child neglect or domestic violence an issue of your case and if so, by whom?

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**Criminal background:**

Please state any crimes you have been arrested for, convicted of, or pled guilty to:

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**PEOPLE WHO YOU WOULD LIKE ME TO TALK TO ABOUT YOUR CASE  
PLEASE GIVE THEM MY CONTACT INFORMATION AND INSTRUCT THEM TO CALL ME**

A. At the Day Care Center [that any child attended in the last three years]

1. Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Family Members

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Relationship to children: \_\_\_\_\_

What, specifically, should I discuss with this person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Relationship to children: \_\_\_\_\_

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Your Friends

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Length of involvement with your family: \_\_\_\_\_

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Length of involvement with your family: \_\_\_\_\_

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. School

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Length of involvement with your family: \_\_\_\_\_

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Other

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Length of involvement with your family: \_\_\_\_\_

What, specifically, should I discuss with this person?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* Please make duplicate copies of the following forms if needed for additional children or medical providers. If more than one child has the same provider, you may list the names of multiple children on a specific release rather than completing multiple forms.**

**\* If a child is attending a different school than they were last year, please complete a Release for the prior school as well.**

**AUTHORIZATION FOR RELEASE OF  
COUNSELING/PSYCHOLOGICAL INFORMATION**

**TO: KEEPER OF THE RECORDS**

\_\_\_\_\_  
(Counselor's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

This is authority for you to permit Galloway Law, LLC., including but not limited to Britani L. Galloway, Attorney at Law, 1170 Old Henderson Road Suite 109 Columbus, Ohio 43220, to copy, inspect, examine, and forward any and all records, charts, reports and bills in your possession pertaining to all examination, assessment and treatment rendered to and discuss treatment of:

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Date)

**A SIGNED COPY SHALL BE AS AN ORIGINAL**

**AUTHORIZATION FOR RELEASE  
OF DENTAL INFORMATION**

**TO: KEEPER OF THE RECORDS**

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(Dentist's Name)

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(Street Address)

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(City, State, Zip)

This is authority for you to permit Galloway Law, LLC., including but not limited to Britani L. Galloway, Attorney at Law, 1170 Old Henderson Road Suite 109 Columbus, Ohio 43220, to copy, inspect, examine, and forward any and all records, charts, reports, x-ray reports, and bills in your possession pertaining to all examination, assessment and treatment rendered to and discuss treatment of:

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(Child's Name)

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Date of Birth Social Security Number

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Parent's Signature

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(Date)

**AUTHORIZATION FOR RELEASE  
OF MEDICAL INFORMATION**

**TO: KEEPER OF THE RECORDS**

\_\_\_\_\_  
(Doctor's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

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\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Date)

**A SIGNED COPY SHALL BE AS AN ORIGINAL**



**AUTHORIZATION FOR RELEASE  
OF INFORMATION**

**TO: KEEPER OF THE RECORDS AND SCHOOL PERSONNEL**

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

This is authority for you to permit Galloway Law, LLC., including but not limited to Britani L. Galloway, Attorney at Law, 1170 Old Henderson Road Suite 109 Columbus, Ohio 43220, to copy, inspect, examine, and forward any and all records including but not limited to; official administrative records, immunization records, attendance records, charts, courses, grade levels, grades/achievement scores, reports, notes, test assessments and the results, conclusions, and recommendations thereof (including but not limited to standardized achievement test results, intelligence test results) all information contained in the child's personal pupil file including personal data, testing profiles, psychological data and dates, special programs and discipline records in your possession pertaining to and to discuss same for:

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
Date of Birth Social Security Number

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
(Date)