



Law Office of Brian L. Bennett, P.C.
2803 Boilermaker Court
Valparaiso, Indiana 46383

GUARDIAN AD LITEM
QUESTIONNAIRE

Case Name: _____

Superior Court of **PORTER** County Case No.: _____

My attorney's Name and Telephone Contact: _____

Name: _____

How do you prefer to be addressed: Example: "Mrs. Smith", "Jim", or nickname:

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Home Telephone: _____ Work Telephone: _____

Cellular Number: _____ Fax Number: _____

Best place and time to contact you: _____

Citizenship status: _____

CHILD'S INFORMATION [complete for each child in the home, of the parties, and/or involved in this matter. Attach all documents requested below for each child]

Complete Name: _____ **Nickname:** _____

D.O.B. _____ Place of birth: _____

Citizenship status: _____

Grade in school: _____ GPA: _____

Behavior grades on the last report card: _____

Name of current school: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Complete Name: _____ **Nickname:** _____

D.O.B. _____ Place of birth: _____

Citizenship status: _____

Grade in school: _____ GPA: _____

Behavior grades on the last report card: _____

Name of current school: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Complete Name: _____ **Nickname:** _____

D.O.B. _____ Place of birth: _____

Citizenship status: _____

Grade in school: _____ GPA: _____

Behavior grades on the last report card: _____

Name of current school: _____

Extracurricular activities or interests (sports, ballet, piano, school clubs, etc.): _____

Please attach copies of your child's most recent progress reports, IEPs, and/or SSTs.

Please specify your child's physical challenges or special needs, if any (examples: hearing difficulties, blindness, physical limitations): _____

Names, addresses, and telephone numbers of any psychologists, psychiatrists, educational consultant or any other mental health professional who has seen the child since birth. Please give in detail the reason for this professional contact. _____

Please specify any chronic medical or mental condition diagnosis made regarding your child, when the diagnosis was made, and by whom. This would include such diagnoses as attention deficit disorder, learning disability(ties), or asthma. _____

What is the name and dosage of each of the medication(s), the child takes?

Addresses where the child has lived for the past five years (including current address): _____

How long has the child lived with this parent or person: _____

Name, location and telephone number of any childcare provider for your child: _____

Education:

What is the name and address of each school that the child attended, including the years attended? _____

What are the names and telephone numbers of the child's current teacher(s) and school counselor(s)? _____

What does the child like about the school and what are the child's criticisms of the school? _____

Does the child receive any tutoring after school? If so, what is the name of the tutor? _____

How frequently during the week is the child tutored and in what subject(s)? _____

Who pays for the tutoring? _____

Has the child ever been suspended or expelled? _____

Why and when was the child suspended or expelled? _____

Does the child have any special needs, including physical or educational, that require a special school or class? _____

Are the child's needs being met by the current school? _____

Are you considering changing schools? If so, would the school be public or private? _____

If private, which parent would pay the tuition and other associated expenses? _____

HEALTH

Please arrange for the child's current and prior health care providers over the preceding five years to send a copy of the child's medical records directly to the Guardian ad litem.

Physical Health:

Does the child have any major physical health conditions(s) _____

When did the illness occur? _____

What is the diagnosis of each condition? _____

When did the treatment begin? _____

What type of treatment does the child receive? _____

How often does the child go for treatment? _____

Was the child ever hospitalized? If so, when and where? _____

What is the name, address and telephone number of any healthcare provider(s)? _____

What is the current state of the child's health? _____

Mental Health:

Does the child have any mental health condition(s)? If so, what is the child's health condition(s)? _____

When did the illness occur? _____

What is the diagnosis of each condition? _____

When did the treatment begin? _____

What type of treatment does the child receive? _____

How often does the child go for treatment? _____

Was the child hospitalized? If so, when and where? _____

What is the name and dosage of each medication(s) that the child takes? _____

What is the name, address, and telephone number of the healthcare provider(s)? _____

What is the current state of the child's health? _____

Relationship with Siblings and Extended Family Members:

How does the child relate to siblings, step-siblings, and members of the extended family on both the mother's and father's side? _____

Extracurricular Activities:

What are the child's current extracurricular activities and when are they scheduled? _____

Where are the activities held? _____

Which parent attends the activities? _____

Which parent takes the child to and from each activity? _____

Do the activities interfere with a guardian/parent's custodial or visitation time? _____

Has the child said that he or she does not want to participate in an activity? If so, what does the child say? _____

Do you consult with any other caretaker/guardian/parent before you enroll the child in any activity? _____

Who pays for the expenses associated with the activity? _____

BACKGROUND INFORMATION REGARDING YOU:

Your hobbies or interests: _____

Occupational History:

Place of Employment: _____

Job Description/Title: _____

Hours of Employment: _____

How long have you worked at this place of employment? _____

Name of immediate supervisor: _____

Supervisor's telephone number: _____

Professional licenses held: _____

Briefly describe your employment history for the last (5) years. _____

Are you required to work evenings, be on call, or travel? Please explain _____

What is your gross and net annual income? _____

If you are not employed – identify the reason[s] as well as all income sources of any kind.

Educational History:

Did you attended high school? If so, name and location of school and dates of attendance: _____

Did you receive a High School Diploma? a GED? _____

Are you currently enrolled in a school program, or do you anticipate enrolling in a school program this year? _____

If so, will you attend day or night classes? _____

Technical training (specifies type of training, school of training, certificates awarded and dates):

Have you attended College? If so, please describe your Course of Study, any Degree Received, and Date of Graduation, : _____

Any postgraduate work? _____

Your membership in any civic, community groups, sports associations and professional organizations: _____

Military Service:

Are you in the military? _____

Are you on active duty or subject to being called to active duty? _____

How frequently do you serve during the year? _____

How long will you be in the service? _____

Criminal History:

(Please note that you may be requested to submit to a criminal history report being run on your background.)

Have you ever been arrested? (Please list date of arrest, location, and disposition of the case)

Have you ever served time in prison or jail? (Please list dates and county) _____

If you have never been arrested, are you aware of any warrants that have been taken for you?

If so, where and when? _____

Do you have any person living in your household with a criminal history? (if so please list the name of the person, the date of the charge, the type of charge and the disposition of the case.)

Tobacco Use:

Do you smoke? _____ If so how often do you smoke during the week? _____

Has smoking affected your health or your child(ren)'s health? _____

Do you plan to stop? _____

Have you taken any steps to curb your smoking? If so, please describe. _____

If you smoke, do you smoke anywhere in the house or in the car when the child(ren) is present? _____

Do you permit anyone else to smoke around your child(ren), such as a relative or friend? If so please explain. _____

Does your child suffer from asthma or other respiratory conditions? _____

If so what is the medical diagnosis? _____

Alcohol Use:

Do you drink alcohol? _____ If so, how much do you drink per day and per week? _____

Has drinking affected your health? _____

Has drinking affected your ability to be an effective parent? _____

What steps have you taken to curb drinking? _____

Has your child seen you drink? _____

Has your child seen you intoxicated? _____

If your answers to the previous two questions is yes, how often has this occurred? _____

When and where did each above occurrence take place? _____

Who was taking care of the child during the above occurrence(s)? _____

What were your actions during each of these occurrence(s)? _____

What was the child's reaction to your intoxication? _____

Have you ever been arrested for DUI? _____

When and where? _____

Were you involved in an automobile accident related to alcohol? _____

If so what was your alcohol point level? _____

Was the child in the car at the time? _____

Substance Abuse:

Do you have or have you ever had, a substance abuse problem? _____

If so, what substance(s) do or did you use? _____

How often do you use the substance(s)? _____

How has this problem affected your health? _____

How has this problem affected your ability to be an effective parent? _____

What treatment have you sought or are you seeking for your problem? _____

If you have had a substance abuse problem in the past five years please specify how long you have been free from the substance and how you were treated for the substance abuse. _____

Mental Health:

Are you under the care of a psychologist, psychiatrist, or therapist? _____

If no, have you seen one in the last five years? _____

What is the diagnosis of your condition? _____

When did you begin treatment? _____

When did you end treatment? _____

How often do you go for treatment? _____

What type of treatment are you receiving? _____

When is your therapy scheduled? _____

What is the name and dosage of any medication(s) you take? _____

Does your mental condition affect your ability to be an effective parent? _____

Does your mental condition prevent you from caring for the child on a full-time basis? _____

Do you anticipate that you will require hospitalization? _____

Please provide the name, address, and telephone number of any individual you have seen or are currently seeing for therapy, counseling, psychiatric or psychological treatment. _____

Physical Health:

Do you have a physical health condition(s)? _____

If so, what is the diagnosis of your health condition? _____

Are you under the care of a healthcare provider for your condition? _____

If so, what is the name, address, and telephone number of each healthcare provider? _____

When did you begin treatment? _____

How often do you go for treatment? _____

What type of treatment are you receiving? _____

When is your next treatment scheduled? _____

What is the name and dosage of any medication that you take? _____

Does your physical health condition affect your ability to be an effective parent? _____

Does your physical health condition prevent you from caring for the child on a full time basis? _____

Do you anticipate that you will require hospitalization? _____

Prescription Medication Use:

Do you use prescription medications? _____

If so, what is the name and address of the doctor who prescribed the medication(s)? _____

What is the name and dosage of each medication(s)? _____

How frequently do you take the medication(s)? _____

For what condition is the medication(s) prescribed? _____

How long do you expect to take the medication(s)? _____

Has taking the medication(s) affected your ability to be an effective parent? _____

Has taking the medication(s) interfered with the day to day care of the child, such as preventing you from driving a car? _____

PARENTING INFORMATION

Parenting Skills:

What parenting skills do you have that equip you to be the primary custodial parent/Legal Guardian? Please explain. _____

What efforts have you made to perfect your parenting skills, such as parenting courses, books and seminars? Please explain. _____

Who has been primarily responsible for taking the child to the doctor, dentist, and other healthcare providers? Please explain. _____

Who has been primarily responsible for attending parent-teacher meetings? _____

Who has been primarily responsible for disciplining the child? Please explain. _____

Who has been primarily responsible for arranging parties, social events, and other activities for the child? Please explain. _____

What are some of your strengths as it relates to your parenting skills? _____

What are some of your weaknesses as it relates to your parenting skills? _____

What are some of the strengths in the other guardian/parent's parenting skills? _____

What are some of the weaknesses in the other guardian/parent's parenting skills? _____

Activities you and your/the child[ren] enjoy together: _____

Date and place of your most recent vacation with the child[ren]: _____

Please describe the nature of your relationship with the child's other guardians/caretakers/parent (i.e., you communicate well about the child or you are unable to communicate.): _____

Where and with whom has the child lived? _____

Where does each child live most of the time? _____

When does your/the child visit your home? _____

In your own words, please state what you think this case is all about:

What is the outcome you would like to have in this case?

How can your/the child best be shielded or protected from the impact of the litigation that will take place in this case? _____

Custodial Arrangement:

What type of custody are you seeking? Please be specific. _____

What are your reasons for seeking or retaining custody? Please explain. _____

What problems do you have with the current custody and visitation arrangement? _____

Has each party regularly exercised his or her custody or visitation rights? Please explain. _____

Why do you believe that the Judge should award you the type of custody/guardianship that you are seeking? Please be specific. _____

Why do you believe that the Judge should not award the other guardian/parent the type of custody that he or she is seeking? Please be specific. _____

How would the custodial time periods and/or visitation be divided between the parenting during the school year, summer and holidays? _____

Department of Family and Children’s Services (“DFACS”):

Has DFACS ever been involved in your child(ren)’s lives? _____

What was the date DFACS was contacted? _____

What is the name and telephone number of the DFACS worker(s)? _____

In which county was the investigation? _____

What other relevant information do you have about this investigation? _____

What was the final disposition of the DFACS investigation? _____

Please attach a copy of any DFACS reports that you may have.

Police Records:

Has there ever been any police intervention involving the child(ren) or the parties? (if so, please list dates) _____

Why were the police called? _____

Who called the police? _____

What are the name and the telephone numbers of each police officer or investigator?

In which county did each incident take place? _____

What other relevant information do you have about this incident? _____

What was the final disposition of this incident? _____

Please attach a copy of any police reports that you may have.

Marital History:

Have you been married? If so, date of first marriage: _____

Date of divorce (if marriage ended in divorce): _____

Name of former spouse: _____

What was the cause of the divorce? _____

Number of children born to/adopted during this marriage and their ages: _____

Are you currently paying child support for the above child(ren)? _____

Date of second marriage (if any): _____

Date of divorce (if marriage ended in divorce): _____

Name of former spouse: _____

What was the cause of the divorce? _____

Number of children born to/adopted during this marriage and their ages: _____

Are you currently paying child support for the above child(ren)? _____

If there have been more than two previous marriages, please list the date of marriage, date of divorce, name of former spouse, number of children born to/adopted during those marriages, as well as child(ren)'s ages and responsibility for child support on separate page and attach that page to this form.

Are you presently married or single? _____

If you are married, date of marriage: _____

If you are separated, date of separation: _____

Name of spouse: _____

What was the cause of the separation? _____

Number of children born/adopted during this marriage and their ages: _____

Names and ages of any other child(ren) residing in home (e.g., child(ren) of spouse): _____

What is your relationship with your/the other child(ren)? Please explain. _____

Witnesses:

Please prepare a list of witnesses with whom you would like me to speak. I will need each witness's home and work telephone numbers. When we meet I would like you to tell me the type of information you believe each witness has about you and your child.

Miscellaneous Information:

Please list any other issues of custody, custodial time periods, and/or visitation time periods that you feel should be addressed by me as the guardian ad litem. _____

Any specific questions you would like to ask at the initial meeting:

1) _____

2) _____

3) _____

Directions to your home from 2803 Boilermaker Court, Valparaiso, Indiana 46383?:

Please review the following information. You will be asked to sign this document before a notary; therefore, it is important that you consider any concerns you have about this form **prior to signing**.

- 1) It is my understanding that it is my responsibility to schedule an initial meeting with the Guardian Ad Litem. It is my further understanding that my attorney may be present if I choose, but that it is my responsibility to coordinate their presence.
- 2) Unless the Judge has ordered otherwise, it is my understanding that the Guardian will not begin his work in this case until I have provided him with the original copy of this form (completed, signed, and notarized), along with any/all other documents specifically requested.
- 3) I understand that the Guardian Ad Litem’s retainer is \$0.00 and that he charges \$190.00 per hour for his services. I understand that either I, or my attorney, if appropriate, will receive regular statements detailing the Guardian’s activities in my case. I understand that it is my responsibility to raise any questions I might have regarding my billing statement with the Guardian or his staff members. **In this case the – the Guardian Ad Litem is providing his services PRO BONO [without fee for his hourly services].**
- 4) I understand that the Court may enter interim orders, which require me to pay fees in full to the Guardian Ad Litem prior to the conclusion of this case.
- 5) I understand that the costs and expenses associated with the GAL’s service shall be deducted from the retainer.
- 6) I understand that the Guardian Ad Litem is committed to assisting in the resolution of my case prior to final court hearing. If the case cannot be resolved, I understand that I or my attorney or the other parties or their attorney[s] may request a written report from the GAL.
- 7) I understand that I have the right to contact the GAL either by telephone, fax, e-mail, or regular mail during the pendency of the case. I further acknowledge that the GAL frequently cannot return calls the same day and that it is in my best interest to contact the GAL’s office and arrange telephone conferences or office appointments with the Guardian Ad Litem.

- 8) I understand that the Guardian Ad Litem is not the Judge. It is the GAL's responsibility to make **recommendations** to the Court about my/the child[ren's] welfare. I understand that the GAL's recommendation is not binding on anyone and that the Judge will decide any issues impacting the child[ren].
- 9) I understand that it is my responsibility to have my references or witnesses contact the GAL's office to arrange a telephone or office appointment.
- 10) I understand that at the time of our initial meeting the GAL will make an appointment to come to my home, if indicated or necessary to the investigation of my case. I have provided directions to my home, above.
- 11) I understand that the Guardian Ad Litem has a responsibility to report allegations of child abuse to the Department of Family and Children Services (DFCS), should probable cause exist and a disclosure is made to the Guardian. If a report has already been made to DFCS by a school, mental health provider, doctor, dentist, or other mandatory reporter for the same incidence, the Guardian ad Litem will not duplicate their efforts. It is my responsibility or the responsibility of my attorney to advise the Guardian ad Litem if a report has been made to DFCS and if DFCS has taken any action. Furthermore, it is my responsibility or the responsibility of my attorney to cooperate with efforts to obtain any documentation from DFCS or corresponding police department regarding the incident reported. This includes police reports, video tapes, and any statements that may have been given.
- 12) I understand that I have the right to ask the Guardian Ad Litem any questions I might have about his procedure and his role in my/this case. It is my responsibility to raise these questions on this form, at the initial meeting, and at any subsequent meeting with the GAL. I will not hold the GAL responsible for knowing information that I regard as critical that I do not provide to him.
- 13) I understand that I may be asked to execute releases to various service providers who see or have seen me or the child[ren]. I understand the Guardian may present releases to me at our initial meeting for my execution. I acknowledge that I have considered and have discussed or will discuss with my attorney (if any) the release of protected information prior to the initial meeting with the Guardian.
- 14) I understand that the Guardian is not my attorney and that he will not give me legal advice. I acknowledge that I should address any legal questions I have with my attorney (if any) and not with the Guardian.
- 15) I understand that it is my responsibility and that of my attorney (if any) to keep the Guardian ad Litem advised of any changes in my status or that the child[ren].
- 16) I understand that the Guardian ad Litem has the right to file a Motion to Withdraw as Guardian ad Litem in my case and that he will do so if he feels that his involvement in the case is no longer proper pursuant to the Indiana Rules of Professional Conduct.
- 17) I understand that no one who speaks with the Guardian ad Litem should have an expectation of confidentiality. This includes witnesses, the child[ren], the other party or myself. Confidentiality is not inherent in the duties of the Guardian ad Litem as he

is a fact-finder and serves as an arm of the Court under the direction and Orders of the Court.

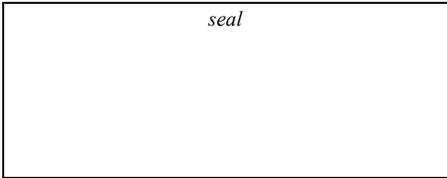
I acknowledge that I have read this form, understand its contents, have discussed any concerns I have regarding the form with my attorney and the Guardian ad Litem, and that the information I have provided is true and correct to the best of my knowledge.

This the _____ day of _____, 2017.

Signed: _____ Print name: _____

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

Signed and Sworn before me, on this, the
_____ day of _____, 2017.



Notary – Printed Name

Notary – Signature

Commission No.

Commission Expiration

PLEASE RETURN THIS COMPLETED FORM TO:

Law Office of Brian L. Bennett, P.C.
Brian L. Bennett, IN# 27736-45
2803 Boilermaker Court
Valparaiso, Indiana 46383
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