



THE LAW OFFICES OF ROBERT E. GORDON, LLC

GUARDIAN AD LITEM PARENT INFORMATION

Personal Information	
Full Name	Date
Street Address _____ (maiden)	How Long _____
City, County, State, Zip _____	Race _____
DOB _____ / / SSN _____ - -	
Drivers License Number & State _____	
City / State of Birth _____	Highest Level of Education _____
Name and Address Primary Employer _____	Salary _____
Primary Email _____	
Secondary Email _____	
Home Ph. _____	Work Ph. _____
Mobile Ph. _____	Alt. Ph. _____

Child Information						
	Full Name	DOB	Age	Social Security Number	State of Residence for last 180 days	Name of other parent
1						

2						
3						
4						
5						

School/Daycare	
Child	
Name	
Address	
Phone	
Child	
Name	
Address	
Phone	

Residence

With whom does the child currently reside (the majority of the time)?

Please state any objections you have to this residential placement.

Parenting Time Schedule

Is there a parenting time schedule in place (including informal schedules set by parents)?

Yes/ No

If so, briefly describe the schedule:

Please describe any problems you have with the schedule:

Transportation:

Who provides transportation of the child to and from school and/or day care?

Please state any objection you have to the current transportation arrangement:

WHO IS THE OTHER PARTY?

Full Name	_____	Active Military	Y	N
Street Address	_____ (maiden)	How long at address		
City, County, State, Zip	_____	Race		
DOB	_____	SSN		
Drivers License Number & State	_____			
City and State of Birth	_____	Highest Level of Education		
Primary Employer	_____	Salary		
Secondary Employer	_____	Salary		
Home Ph.	_____	Work Ph.		
Mobile Ph.	_____	Alt. Ph		

RELATIONSHIP WITH OTHER PARENT:			
Married	Yes	No	
	If so, when:	Where?	
Divorced	Pending	Prior	N/A
	If so, case number:		
Modification	Pending	Prior	N/A
	If so, case number:		
	Issue Addressed?		
Paternity	Yes	No	
	If so, case number:		
Child Support	Yes	No	
	Amount:	Year:	

Are there other children of the couple? If so, please list:

Name	SSN	DOB	Age	Gender

Are there other children in your care and/or custody? If so, please list:

Name	SSN	DOB	Age	Gender

Agency Assistance:

Are there any case workers and or social workers assigned to you or your child? If so, please list:

Name: _____

Employer: _____

Address: _____

Phone: _____

Extended Family:

Mother's Full Name: _____

DOB: _____ Age: _____

Does she regularly care for the child? _____ Frequency of care: _____

Address: _____

Phone: _____

Father's Full Name: _____

DOB: _____ Age: _____

Does he regularly care for the child? _____ Frequency of care: _____

Address: _____

Phone: _____

Full Name: _____

Relation: _____

DOB: _____ Age: _____

Does he/she regularly care for the child? _____ Frequency of care: _____

Address: _____

Phone: _____

Emergency Contact for Child when you are unavailable:

Full Name: _____

Relation: _____

DOB: _____ Age: _____

Does he/she regularly care for the child? _____ Frequency of care: _____

Address: _____

Phone: _____

Full Name: _____

Relation: _____

DOB: _____ Age: _____

Does he/she regularly care for the child? _____ Frequency of care: _____

Address: _____

Phone: _____