

GUARDIAN AD LITEM QUESTIONNAIRE

Case Name and Number:

Interviewee's Name:

Children:

Attorney of Interviewee:

PLEASE NOTE THAT THIS QUESTIONNAIRE MUST BE FILLED OUT COMPLETELY BEFORE THE GAL WILL MEET WITH YOU. PLEASE DO YOUR BEST TO ANSWER ALL OF THE QUESTIONS CONTAINED ON THIS QUESTIONNAIRE. IF THERE IS INSUFFICIENT ROOM FOR YOU TO ANSWER A QUESTION, PLEASE USE A SEPARATE PIECE OF PAPER (2 EXTRA PAGES ARE ATTACHED) AND PLACE THE REMAINDER OF YOUR ANSWER ON THE SEPARATE PIECE OF PAPER. PLEASE PLACE THE CORRECT NUMBER OF THE QUESTION TO WHICH THE ANSWER CORRESPONDS.

1. List the following for the minor children who are the subject of this custody matter:
 - a. Name:
 - b. Date of Birth:
 - c. Social Security #:
 - d. Place of Birth:
2. List your full name and any names you may have used in the last 10 years.
3. Please provide the following information:
 - a. List phone numbers:
 - b. Home -
 - c. Work -
 - d. Cell -
 - e. E-mail address -
 - f. Internet provider and screen name -
 - g. Fax # -
 - h. Third party emergency number -
4. Please provide a copy of your driver's license
 - a. If you do not have a driver's license, please state the reason why and the date and state of the last driver's license you possessed.
 - b. Please provide two (2) other forms of identification.
5. Your date of birth:
6. Your Social Security Number:

7. List the names and birth dates of each of your children, and, if a child is not the natural child of the other parents of the child(ren) in question, list the name and last known address of each child's natural parents
8. List your current address and all addresses in which you have lived since separation from you child's mother/father with dates of residence:
- a. Please state the reason for each change of address:
9. For each address, list all residents other than yourself
10. Your mother's full name:
- a. If not deceased, your mother's:
- i. Age
 - ii. Address
 - iii. Phone
 - iv. Describe your relationship with your mother
 - v. Describe your mother's relationship with your children
- b. If your mother is deceased, provide:
- i. Cause of death/age at death -
 - ii. Year of death or your age when she died
11. Your father's full name:
- a. If not deceased, your father's;
- i. Age -
 - ii. Address -
 - iii. Phone # -
 - iv. Describe your relationship with your father -

- v. Describe you father's relationship with your children -
- b. If your father is deceased, provide:
 - i. Cause of death/age at death -
 - ii. Year of death or your age when he died -
- 12. Were your parents ever divorced or separated for an extended period of time, if so, were you the subject of a custody dispute, with which parent did you reside primarily:
- 13. If you were the subject of a custody dispute as a child, describe your visitation schedule with the out of custody parent.
- 14. Did either of your parents have a drug/alcohol abuse problem, if so describe:
- 15. Was there a domestic abuse issue in your household as a child, if so, describe:
- 16. What was your parents' form of discipline of you as a child:
- 17. Did you have a truancy, delinquency, or criminal history as a juvenile:
- 18. Were you ever placed in foster care or in the care of a third party other than a natural parent, if so, describe:
- 19. Were you ever subject to abuse or neglect by a party other than a natural parent as a child, if so, describe:
- 20. List names, ages, and addresses of your siblings:

21. For each sibling, list marital status, number and ages of children and a short description of your relationship with each sibling:
22. Did you graduate from high school, if so, the name of the high school and the year you graduated;
23. If you did not graduate from high school, name the highest grade you completed and whether you received a GED:
- a. If you did not complete high school, please state the reason you did not complete high school.
24. Did you attend college and/or post graduate education, if so provide the name and address of the college, your years of attendance, courses of study, *degrees and* certificates received:
25. Were you ever a member of the Armed Forces, if so, please describe your military career:
- a. If you were a member, list whether you were the subject of any disciplinary proceedings:
- b. Please state whether or not you were honorably discharged.
26. Your current employment:
- a. Address and telephone number:
- b. Name of supervisor:
- c. Your position:
- d. How long have you been employed:
- e. Describe your hours:
27. List all places of employment from date of marriage to your child's Mother/Father with dates of employment, addresses, positions, and reason for leaving employment:

28. Describe your income including wages, dividends, disability, workers comp, annuities, rents, royalties, etc.:
29. Name of your current significant other (boyfriend or girlfriend) or spouse, as well as the following information regarding your significant other
- a. Age
 - b. Marital Status:
 - c. Children, if any:
 - d. Employment
 - e. Criminal History, if any:
 - f. Drug Alcohol History, if any:
 - g. Short description of *the* relationship of your significant other (spouse, boyfriend or girlfriend) with your children.
 - h. Length of your relationship with your significant other (spouse, boyfriend or girlfriend):
 - i. Dates and duration of any separations.
 - j. History of protective orders (PA Equivalent of PFA) with significant other (spouse, boyfriend or girlfriend).
 - k. Child abuse history, if any.
30. List the names of all adults, individuals and/or boyfriends/girlfriends who lived in your residence since separations.
- a. List all marriages, if any, prior to and/or after your marriage to your child's other parent;
31. Describe fully the current condition of your health:
32. If you are disabled, state if you are partially, totally, permanently or temporarily disabled:
33. List medications that you are currently taking for health conditions:

34. Please state whether you were prescribed any medications which you are NOT taking and why you are NOT taking them.
35. List your physical limitations in connection to your health conditions:
36. Provide a summary of the prognosis of your health:
37. List all hospitalizations in the last five years, including dates, durations and place of hospitalization.
38. Do you attend physical therapy of any kind, if so, when, for what, average duration and how often;
39. List your regular physician:
40. Please state whether you are willing to sign a medical records release authorization, (Please discuss this issue with your attorney before you answer this question.)
- a. If you are not willing to provide a medical records release, please state why you are not willing to do so.
41. Aside from any chronic health condition, have you suffered any serious injury in the last five years, if so, explain:
42. Do you have a psychiatric history, if so, describe:
43. Do you have, or have you seen, a therapist in the last 5 years, if so provide what type of therapy, frequency of therapy and how long you have attended therapy:

44. Does your spouse or significant other have a psychiatric history, if so, please describe:
45. Has your spouse or significant other seen a therapist or counselor in the past five (5) years, if so, provide the type of therapy or counseling, the frequency and the length of the therapy or counseling.
46. Do you have a criminal record, if so, describe original charges, state what Court before, in what State, circumstances of charges, conviction, sentence:
47. Were you ever charged with a crime for which you were acquitted, if so, describe:
48. Were you ever on probation, if so, provide State, Court, and probation officer.
49. Did you ever violate parole or probation:
50. Were you ever incarcerated, if so, when, where, for what and duration:
51. Are you aware of whether or not your spouse or other parent has ever been charged with a crime, if so, please explain in the best detail you may provide, stating the state, county, year and type of charges.
52. Are you aware of whether or not your spouse or other parent has ever been convicted of a crime, if so, please explain in the best detail you may provide, stating the state, county, year and type of charges.

53. Do you have or did you ever have a Drug/ Alcohol addiction, if so, describe:
54. If you had a Drug/Alcohol addiction, please state how often they:
- a. Missed work or school;
 - b. Had trouble at work or school;
 - c. Got fired or dismissed from employment;
 - d. Were unable to care for the children;
 - e. Were unable to cook, clean the house or go grocery shopping or assist with these activities.
55. If you had a Drug/Alcohol addiction, please state:
- a. How frequently did you have problems or arguments with friends or family;
 - b. Did you spend less time with family or friends;
 - c. Did this cause a separation or divorce;
 - d. Did this cause instances of violence or fights;
 - e. Did you continue to engage in the use of alcohol or drugs despite these problems?
56. If you had a Drug/Alcohol addiction, please state:
- a. Did you drive while intoxicated, if yes, how often:
 - b. Did you ever drink and then do something that was potentially physically dangerous:
57. Have you ever been tested for a controlled substance, if so, please state when and describe the type of test, the reason for the test, the result of the test and why he or she tested positive.
58. Have you attended a Drug or Alcohol Rehabilitation Program? If "yes", please state:
- a. The name of the program or facility:
 - b. The type of program or facility (in or out-patient):

- c. The date that you attended the program or facility:
- d. The duration of the program or facility:
- e. Whether you completed the program or facility:
- f. If you completed the program or facility, please provide a copy of the Completion Certificate or Discharge Summary.

59. Do you still use Drugs or a Controlled Substance? If Yes, please describe.

60. Do you still drink alcohol? If so, please describe, stating the type, frequency and duration.

61. Do you attend AA or NA or similar program? If your answer is "yes", how often?

62. Does your spouse or other parent or did your spouse or other parent ever have a Drug/ Alcohol addiction, if so, describe:

63. If your spouse or other parent had a Drug/Alcohol addiction, please state how often they:

- a. Missed work or school;
- b. Had trouble at work or school;
- c. Got fired or dismissed from employment;
- d. Were unable to care for the children;
- e. Were unable to cook, clean the house or go grocery shopping or assist with these activities.

64. If you spouse or other parent had a Drug/Alcohol addiction, please state:

- a. How frequently did they have problems or arguments with friends or family;
- b. Did they spend less time with family or friends:

- c. Did this cause a separation or divorce;
 - d. Did this cause instances of violence or fights;
 - e. Did they continue to engage in the use of alcohol or drugs despite these problems?
65. If your spouse or other parent had a Drug/Alcohol addiction, please state:
- a. Did they drive while intoxicated, if yes, how often:
 - b. Did they ever drink and then do something that was potentially physically dangerous:
66. Has your spouse or significant other ever been tested for a controlled substance, if so, please state when and describe the type of test, the reason for the test, the result of the test and why you tested positive.
67. Has your spouse or other parent attended a Drug or Alcohol Rehabilitation Program? If "yes", please state:
- a. The name of the program or facility:
 - b. The type of program or facility (in or out-patient):
 - c. The date that they attended the program or facility:
 - d. The duration of the program or facility:
 - e. Whether they completed the program or facility:
68. Does your spouse or significant other still use Drugs or a Controlled Substance? If Yes, please describe the use and how you know of the use.
69. Does your spouse or significant other still drink alcohol? If so, please describe, stating the type, frequency and duration and how you know of the use.

70. Does your spouse or other parent attend AA or NA or similar program? If your answer is "yes", how often?
71. Have you or the other parent ever accused another of sexual abuse or physical abuse of a child or adult, if so, explain:
72. Has there been any involvement of Children and Youth Services, or any other equivalent children's services agency outside of Pennsylvania, with your family? If so, was there an investigation, who were the caseworkers and if there was an investigation, what was the result of the investigation:
73. Do you or the other parent have a history of any physical or sexual abuse of an adult or child, if so, explain:
74. Has your child ever been examined or questioned on the issue of physical or sexual abuse: Please describe:
75. Please provide a history of your child's educational history including names and addresses' of all schools and years of attendance.
76. Please provide a copy of last year's final report card and the most recent report card from school this year:
77. Has any school ever reported a problem of excessive absence, excessive tardiness, low grades, performance below abilities, poor behavior, withdrawn behavior or missed homework- If so, explain:

78. When, where and how did you meet your child's other parent:
79. How old were you when you met him/her and how old was he/she:
80. What were your occupations when you met:
81. How long were you dating before you were married and/or moved in together:
82. Where were you married and/or where did you first reside together:
83. List all residences, and dates of residence where you resided with the other parent of your child(ren):
84. How long were you married and/or living together before your first child was born:
85. Were your child(ren) the result of planned pregnancies:
86. Which parent, if either, was the person primarily responsible for the physical care of each child during infancy (i.e.: feeding, bathing, and changing). Please take time to describe each parent's role in the child's care during infancy: If a third party (i.e.: grandparent) was responsible for child care, please explain;
87. Which parent, if either was the person primarily responsible for the physical care of each child during school age (i.e. transportation to school, activities, assist homework, doctors appointments, etc.), Please take time to describe each parent's role in the child's care during school age: If a third party

(i.e.: grandparent) was responsible for child care, please explain:

88. Did you utilize daycare or baby-sitters for your child(ren) during infancy, if so, provide the names and addresses of all daycare providers and/or baby-sitters. Please include dates of use and times of day that the child was placed in daycare.
89. How old was your child or children when you separated from the other parent:
90. Have you ever been married (not including the other parent of the subject minor child(ren)), if yes, please state:
- a. The name of the former spouse;
 - b. The date of the marriage;
 - c. The date of the separation;
 - d. The date of the divorce;
 - e. The reason for the separation or the divorce.
 - f. Where there children of the born during this marriage.
91. Have you ever physically struck/hit or verbally abused the child or children? If "yes", please describe in detail.
92. Has your spouse or other parent ever physically struck/hit or verbally abused the child or children? If "yes", please describe in detail.
93. Have you ever physically struck/hit or verbally abused your spouse or other parent in the presence of the child or children? If yes, please describe in detail.

94. Has your spouse or other parent ever physically struck/hit or verbally abused you in the presence of the child or children? If yes, please describe in detail.
95. Has your child(ren) ever resided with a third party (grandparent, foster parent, other relative etc.), if so, when, why and for how long?
96. What was the first custody/visitation schedule and how was it established? (i.e. informal oral agreement, through Court by Stipulation, through PFA, through Court by Hearing, through Mediation) (Attach a copy if possible.)
97. If the custody/visitation schedule has changed since the first schedule was established, provide the dates that the schedule was changed, the details of the new schedule and how the new schedule were established. (Attach the most recent Court Order)
98. How did the child(ren) adjust to visitation and if there were problems, describe:
99. Were the police ever involved in custody/visitation transfers, if so, provide dates, names of police departments and provide copies of police reports if the police reports are in your possession:
100. Have you or the other parent ever been required to participate in supervised visitation, if so, what was the reason for the supervision requirement, who was the supervisor and what are were the terms of the visitation?

101. If there is presently a custody schedule involving the minor child or children, please state the following:
- a. Please state the details of the schedule, including dates and times.
 - b. The length of time that the schedule has been in place:
 - c. If you are seeking a change in the schedule, the reason why you are seeking change of the schedule:
 - d. If you would like to have the schedule remain the same, please state the reason.
 - e. Please state who provides the transportation for the transfer of the children during the schedule.
102. Does your child(ren) have a discipline problem at home, if so, explain:
103. Describe your current method(s) of discipline:
104. Who is the child(ren)'s pediatrician: Provide an address and phone number:
105. Please state whether you are willing to sign a medical record's release authorization for your child(ren). (Please discuss this issue with your attorney before you provide an answer to this question).
106. Please provide a complete description of the physical health of each of your children including a description of any chronic illness, disability, a medical condition which required hospitalization in excess of three (3) days, and/or medical condition which requires or required medication in excess of three (3) weeks.
107. Please provide a complete description of the psychological health of each of your child(ren),

including a, description of a psychological diagnosis or a diagnosed need for therapy: Provide also the names of each psychological care provider

108. Does your child(ren) have a juvenile criminal record, if so, explain:
109. Does your child(ren) have a history of drug or alcohol use and/or abuse, if so, explain:
110. State your religion, if you practice your religion, and if so, to what extent (regular attendance to services, occasional, etc.) and to what extent your children are involved in your religion:
111. Is there a religious dispute involving the children or the children's upbringing? If yes, please describe.
112. Your children's religion, and if children were baptized, what religion. Who made the decision concerning the children's religious upbringing since birth:
113. Have you, your child(ren) or the other parent ever been the subject of a Protection From Abuse (PFA) order (or an out of state equivalent), if so:
- a. When were the PFAs in effect (dates):
 - b. What were the terms of the PFAs:

- c. Who requested the PFA and why:
 - d. Please provide the name of the Court, Term and Number:
114. Do you or the other parent have a history of stalking or harassment of the other parent, the child(ren) or a third party, if so explain:
115. Have you or the other parent been the subject of a Petition for Contempt of Court, if so, provide the details of the alleged Contempt and the outcome of the Contempt Petition (granted, dismissed, sanctions, etc.):
116. Did you or the other parent violate the Court Order but the matter was not brought to the attention of the Court, if so, provide the details of the alleged Contempt and the resolution, if any:
117. Have you participated in any of the following services, and if so, provide the time of the service provider, dates of service and whether the service was successful or unsuccessful: If the service was unsuccessful
- a. Cooperative Parenting Program in Lackawanna County or any other post separation family therapy:
 - b. Parenting Classes:
 - c. Marriage/Family Counseling:
 - d. Domestic Violence Counseling:
 - e. Drug/ Alcohol Counseling
 - f. Mediation (NOTE: Since Mediation is usually confidential, you are not required to provide a reason for failure.)
118. Are there any third parties (grandparents, significant others, etc.) who have extensive personal

knowledge regarding your children, if so, provide names, address and telephone numbers for each third party as well as a description of what information each third party can provide about the child(ren)

119. If you desire, you may provide a signed written statement from any third party concerning this information. With this statement, please provide the name, address and telephone number of the individual providing the statement.
120. In your own words, summarize your concerns regarding your child(ren)'s other parent as it pertains to your child(ren): (THIS SECTION MUST BE COMPLETED PRIOR TO MEETING WITH THE GAL).

121. What are your goals in this action?

I hereby state that I am aware that the Guardian Ad Litem will rely on this information and that all information provided herein is true and correct to the best of my knowledge and information.

Date _____

Name

