



**Pierce County Superior Court
Family Court Services**

334 County City Building, 930 Tacoma Avenue South, Tacoma, WA 98402
(253) 798-3654

Initial Questionnaire for the Guardian ad Litem

Please complete the information below to the best of your ability and to the best of your knowledge. Please be aware that any information provided is not confidential. It may be provided to the Court and appropriate parties. *Please return this questionnaire within 3 weeks.*

Family Law cause number: _____

Your name: _____

Your current phone number: _____

Your current email address: _____

Your current address: _____

Name(s) of child(ren) in this case: _____

Today's date: _____

PARENTING PLAN

How would you describe the child(ren)'s relationship with the other party/parent:

What type of contact with other party/parent do you feel would be in the **child(ren)'s best interest**:

Please describe any current safety concerns you have about the child(ren):

If the child(ren) has any special needs, please describe how that is impacted by the current custody arrangement (if at all). Please describe how you feel the child(ren)'s needs could be best met.

What has your relationship been like with other party/parent?

What are your strengths as a parent?

Please list three things the other party does well as a parent:

HISTORY

What is your employment history?

For yourself, please list any mental health needs including diagnosis, treatment recommendations and current status. Please list the names and contact information for these providers.

Please describe any arrests, criminal convictions and current criminal matters. Please provide location, dates and case numbers if available.

Please describe any domestic violence history including any reports made to law enforcement. Please provide location, dates and case numbers if possible. Include any current restraining orders, protection orders, etc.

Please describe any substance use including treatment and current sobriety status. Please provide names of treatment providers/assessors and dates.

Please list where you have lived over the last 5 years and other states you visit frequently.

Please describe any involvement with the Division of Children and Families Services/Child Protective Services.

CURRENT SITUATION

If you are currently employed, please give the name and location of your employer. What are your hours?

What is the highest level of education you completed?

What are the languages spoken in your home?

Describe your current living arrangements:

Do you currently have a significant other, boyfriend, girlfriend, or spouse? If so, please provide their full name and date of birth.

Provide three references, please provide their names, relationship, and contact information below.

Do you have any chronic medical conditions? If so, please describe including treatment recommendations and who the provider is.

CHILD(REN)

Please list all of your children and their birthdates, including those who do not reside with you.

Who are the caregivers (including daycare, relatives, or friends) that you use for the child(ren)?

Who are positive supports (role models) for the child(ren)?

What causes stress for the child(ren)?

What is the child(ren)'s daily routine at your home?

How would you describe the child(ren)?

How do you discipline the child(ren)?

What are the child(ren)'s educational needs? If the child(ren) has an IEP or 504 Plan, please describe the services/accommodations provided. Has school attendance ever been an issue including a Becca petition?

Please describe the child(ren)'s medical needs and list any medical providers and their contact information. Please include any therapies (like physical therapy) and medications.

Please describe the child(ren)'s mental health needs and list any providers and their contact information. Please describe any recommendations for follow up or therapy.

Who is the child(ren)'s dentist? Please provide their contact information.

Who is the child(ren)'s primary care doctor? Please provide their contact information.

Please list any extracurricular activities the child(ren) participates in:

Please describe if your child has any difficulties at school or in peer relationships:

Thank you completing the initial questionnaire. Please promptly return this and any other documents to your GAL or to: **Attn: Family Court Services, 334 County City Building, 930 Tacoma Avenue South, Tacoma, WA 98402.** Documents can be returned in-person between 8:30 am and 4:30 pm Monday-Friday (with the exception of 12-1 pm and on national holidays). Documents can also be returned by mail.



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AUTHORIZATION TO OBTAIN RECORDS OR RELEASE OF INFORMATION

Full Name: _____ Date of Birth: _____
Previous Name(s): _____

Reason for authorization: Guardian ad Litem report for Family Court

This is to certify that I willingly give my permission for the release of any and all information pertaining to my child(ren) and family to the Pierce County Superior Court and Family Court Guardian ad Litem. This includes all medical records, educational records, and mental health records.

I have been fully advised that this release is only for the use of Family Court and the Guardian ad Litem. My signature on this release gives you full authorization to share all details of my situation with the court.

I agree to release my information as noted above from:

Person/Organization: _____
Address: _____
Phone: _____ Fax: _____

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Person/Organization: _____
Address: _____
Phone: _____ Fax: _____

I agree to release my information as noted above from:

Person/Organization: _____
Address: _____
Phone: _____ Fax: _____

I agree to release my information as noted above from:

Person/Organization: _____
Address: _____
Phone: _____ Fax: _____

Signature: _____ Printed Name: _____

Relationship: _____ Date: _____

This authorization for release of information is valid for one (1) year from date of signature, unless revoked sooner in writing. Notice is given that GAL case file information is available to attorneys of record and pro se clients (26.09.220). Once this information is disclosed (including your health care or mental health information), the recipient may re-disclose your information and privacy laws may no longer protect your information. Federal and state laws forbid reporting of information about drug and alcohol abuse treatment, sexually transmitted diseases, or mental health issues without the written consent of the patient, or by law.

Request for DSHS Records

A. REQUEST FOR DSHS RECORDS BY:

NAME LAST	FIRST	MIDDLE	TITLE
ORGANIZATION OR BUSINESS NAME IF APPLICABLE			
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	E-MAIL ADDRESS	

B. REQUEST FOR RECORDS FROM THESE DSHS PROGRAMS: (PLEASE CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral Health and Recovery (DBHR) | <input type="checkbox"/> Children's Administration (CA) |
| <input type="checkbox"/> Child Support (DCS) | <input type="checkbox"/> Community Services (CSD – public assistance) |
| <input type="checkbox"/> Developmental Disabilities (DDD) | <input type="checkbox"/> Home and Community Services (HCS) |
| <input type="checkbox"/> Juvenile Rehabilitation Administration (JRA) | <input type="checkbox"/> Residential Care Services (RCS) |
| <input type="checkbox"/> Vocational Rehabilitation (DVR) | <input type="checkbox"/> State Mental Health Institutions (ESH, WSH, CSTC, SCC) |
| <input type="checkbox"/> Other: _____ | |

C. REQUEST FOR DSHS CLIENT RECORDS OF:

<input type="checkbox"/> SELF <input type="checkbox"/> OTHER	NAME LAST	FIRST	MIDDLE
DATE OF BIRTH	FORMER NAMES		
CLIENT IDENTIFICATION NUMBER	OTHER IDENTIFICATION NUMBER	DATES OF SERVICE	LOCATION OF SERVICE

CLIENT RECORDS REQUESTED: Please specify records requested from DSHS programs marked above in Section B:

- Records on attached list
 The following records:
 All client records held by the DSHS programs marked in Section B.

List any limitations on DSHS records requested (by date, type of record, etc.):

D. REQUEST FOR OTHER DSHS RECORDS

I request the following DSHS records:

- Licensing records for the following facility or provider: _____
 Other records (describe as completely as possible, including by date, type of record, program, etc.):

E. ACCESS TO RECORDS (COMPLETE THIS SECTION FOR ALL REQUESTS)

- Please mail me copies of the above records. I understand DSHS may charge for copies of its records under WAC 388-01-080.
 Please contact me to arrange a time for me to inspect records.
 Other:

NOTE: You must show proof of authority to obtain confidential records about others. Use Authorization form, DSHS 17-063, if needed to give permission.

REQUESTED BY (SIGNATURE)	DATE SIGNED
SIGNATURE OF WITNESS OR NOTARY VERIFYING IDENTITY IF REQUIRED	PRINTED NAME OF WITNESS OR NOTARY IF REQUIRED

If I am not the person who is the subject of confidential records, I am authorized to access these records because I am the: (attach proof of authority)

- Parent of minor Legal Guardian Personal representative Other:

OFFICE USE ONLY

DATE RECEIVED	RECEIVED AT:	DATE ACKNOWLEDGED	<input type="checkbox"/> ID VERIFIED HOW:	DATE RECORDS PROVIDED
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CO PARENTING RULES

Post these rules on your refrigerator as a reminder of your commitment to care. Ask your child to let you know if you forget one of the rules. Never reprimand your child when he or she gives you this feedback.

Dear Mom and Dad, I'm just a kid, so please...

1. Do not talk badly about my other parent. ***(This makes me feel torn apart! It also makes me feel bad about myself!)***
2. Do not talk about my other parent's friends or relatives. ***(Let me care for someone even if you don't.)***
3. Do not talk about the divorce or other grown-up stuff. ***(This makes me feel sick. Please leave me out of it!)***
4. Do not talk about money or child support. ***(This makes me feel guilty or like I'm a possession instead of your kid.)***
5. Do not make me feel bad when I enjoy my time with my other parent. ***(This makes me afraid to tell you things.)***
6. Do not block my visits or prevent me from speaking to my other parent on the phone. ***(This makes me very upset.)***
7. Do not interrupt my time with my other parent by calling too much or by planning my activities during our time together.
8. Do not argue in front of me or on the phone when I can hear you! ***(This just turns my stomach inside out!)***
9. Do not ask me to spy for you when I am at my other parent's home. ***(This makes me feel disloyal and dishonest.)***
10. Do not ask me to keep secrets from my other parent. ***(Secrets make me feel anxious.)***
11. Do not ask questions about my other parent's life or about our time together. ***(This makes me uncomfortable. So just let me tell you.)***
12. Do not give me verbal messages to deliver to my other parent. ***(I end up feeling anxious about their reaction. So please just call them, leave them a message at work, email, text, or put a note in the mail.)***
13. Do not send written messages with me or place them in my bag. ***(This also makes me uncomfortable.)***
14. Do not blame my other parent for the divorce or for things that go wrong in your life. ***(This really feels terrible! I end up wanting to defend them from your attack. Sometimes it makes me feel sorry for you and that makes me want to protect you. I just want to be a kid, so please, please....stop putting me in the middle.)***
15. Do not treat me like an adult, it causes way too much stress for me. ***(Please find a friend or therapist to talk with.)***
16. Do not ignore my other parent or sit on opposite sides of the room during my school or sports activities. ***(This makes me very sad and embarrassed. Please act like parents and be friendly, even if it is just for me.)***
17. Do let me take items to my other home as long as I can carry them back and forth. ***(Otherwise it feels like you are treating me like a possession.)***
18. Do not use guilt to pressure me to love you more and do not ask where I want to live.
19. Do realize that I have two homes, not just one. ***(It doesn't matter how much time I spend there.)***
20. Do let me love both of you and see each of you as much as possible! Be flexible even when it is not part of our regular schedule.

Thanks, your loving child