

## GUARDIAN AD LITEM CASES BACKGROUND INFORMATION

Name \_\_\_\_\_

Child Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child DOB \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Addresses in the Past 5 years	Dates in Residence (Move-In and Move-Out dates)	Type of Setting (shelter, rent, own, living with friends or family)	Rent/ Monthly Payments	People in the Home (Names and DOBs)	# of Bedrooms	Where does everyone sleep?

**Adult Education:**

Highest grade completed? \_\_\_\_\_

List all degrees, certificates, diplomas, and licensures earned: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Financial Information:**

What is your primary means of financial support? \_\_\_\_\_

<b>Other sources of income:</b>	<b>Amount</b>
Child Support	
Social Security for Self	
Social Security for Child(ren)	
Public Aid	
Food Stamps	
Housing Assistance	

Spouse or significant other income: \_\_\_\_\_

**Work History – Last 5 Years:**

Employer	Dates	Pay (per check or per hour)	Hours	Outcome (include reason for leaving, workplace sanctions and promotions)

**Other Children:**

Name	Age	Other Parent	Where does child live?	If living with someone other than parent, explain circumstances

**Interviewee's Medical and Wellness Information:**

Doctor's name/phone number:

Any health concerns or major injuries?

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

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

Any medications (prescription or over-the-counter)? \_\_\_\_\_

\_\_\_\_\_

What drugs and alcohol have you used in the past, including marijuana and beer even if it was once or a small amount (include details of sobriety dates, rehab, sponsor, etc)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current use of drugs and alcohol even if it is a small amount or on occasion? (include substance, frequency, amount)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you experienced any of these major life events as a child or adult:  Homelessness  Deaths  
 Accidents  Controlling or high conflict relationships  Other important events (explain) \_\_\_\_\_

Please describe what happened and when it occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone ever referred or encouraged you to seek help due to emotional/psychological/behavioral issues (even if you did not agree)? \_\_\_\_\_

\_\_\_\_\_

Has a professional ever diagnosed you with:  Depression  Schizophrenia  Bipolar/Manic  
Depression  Attention-Deficient/Hyperactivity Disorder (ADHD)  Post-Traumatic Stress Disorder (PTSD)  
 Substance Abuse/Dependence  Other diagnosis? \_\_\_\_\_

Have you ever received *outpatient* treatment for emotional/psychological/behavioral issues? No  Yes

If yes, please explain the reason and outcome:

Have you ever received *inpatient* treatment for emotional/psychological/behavioral issues? No  Yes

If yes, please explain the reason and outcome:

**Support System/Interpersonal Relationships:**

Who are the people that you encounter most frequently in your day-to-day life? What are their relationships to you?

Who supports you most in your day to day life and how?

**Legal Information:**

Previous Arrests/Convictions/Felonies/Misdemeanors	Date	Disposition	Other outcomes (e.g., loss of custody, mandated services, housing problems)

Any DCFS involvement? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

If current DCFS involvement, worker's name and phone number: \_\_\_\_\_

**Child Information:**

**School**

Name of child's current school/daycare \_\_\_\_\_

Grades (mostly As, Bs, Cs, Ds, Fs) \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Type of educational programming (e.g., regular, special education, advanced) \_\_\_\_\_

What is your level of involvement in the child's schooling? \_\_\_\_\_

Does the child have any special education needs (e.g., learning, emotional, physical, or problems with attention, seeing, hearing, or balancing)? \_\_\_\_\_

**Behavioral/Emotional**

Does the child have a history of behavioral/emotional issues (e.g., defiance with rules/authority figures, fighting, inability to calm self, fearfulness, hyperactivity, truancy, running away)? If yes, explain (When? For how long? What has been done?):

Does the child have any health problems? If yes, explain (When? For how long? What has been done?):

Any social problems (e.g., no/few friendships, fighting, impaired nonverbal interactions)? \_\_\_\_\_

Describe the child:

Describe your relationship with the child:

What do you think the child needs in order to facilitate healthy development (e.g., social, emotional, educational)?

What are the current circumstances that brought you here now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional notes/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Be sure to collect all papers and/or ask for the party to send you additional information including:*

- Current lease
- School records
- Social security payments
- Releases to speak with doctors
- Contact info for all therapists/social workers/DCFS workers
- Documentation of sobriety
- Paystubs

Interviewer \_\_\_\_\_

Date of interview \_\_\_\_\_