



Because equal access to justice is everyone's fight



The Chicago School FORENSIC CENTER

### 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 \_\_\_\_\_