CHICAGO VOLUNTEER LEGAL SERVICES
Child Representative Case Closure Checklist

CASE:_____v. _____

CASE NUMBER: _____ JUDGE: _____

NUMBER OF KIDS: _____

RACE OF MINOR(s): ☐ Black ☐ Hispanic ☐ White ☐ Asian ☐ Native American ☐ Other

TYPE OF PROCEEDING

◯ Divorce ◯ Parentage/Allocation

TYPE OF APPOINTMENT:

◯ Child Representative ◯ Guardian *ad Litem*

ATTORNEY INVOLVEMENT:

◯ Both parties pro se ◯ One party represented ◯ Both represented

VISITATION/PARENTING TIME:

Did you continue/modify an existing parenting time schedule or help arrange for one?

◯ Yes ◯ No

If yes, was visitation (check all that apply):

☐ By agreement of parties ☐ Court Decision

☐ Restricted dates/times ☐ Supervised

CHILD'S NEEDS:

Has any party to this case ever been involved with DCFS? ◯ Yes ◯ No

Has any party to this case been impacted by incarceration? ◯ Yes ◯ No

Does or should the child receive social security (SSI or SSDI)? ◯ Yes ◯ No

Did you make any referrals for the child(ren) or parties in this case? ◯ Yes ◯ No

If yes, please list: _____

COURT PROCEEDINGS

Did you conduct a full investigation as to the minor(s)' best interests? ◯ Yes ◯ No

If you were appointed as GAL, did you file or present a GAL report? ◯ Yes ◯ No

Number: _____

If you were appointed as Child Representative, did you file pleadings? ◯ Yes ◯ No

Number: _____

Did you attend contested court hearings? ◯ Yes ◯ No

Number: _____

Did case go to trial or hearing? ◯ Yes ◯ No

Did minor(s) speak with judge? ◯ Yes ◯ No

Judge agreed with my position…

◯ In Whole ◯ In part (explain below) ◯ Not at all

Brief summary of the outcome:

◯ Agreed Order ◯ Court Decision (explain below)

THANK YOU FOR YOUR HARD WORK!

If you have not already, please attach a copy of the final order and return to CVLS via email, US mail, or fax: 33 N. Dearborn St., Ste. 400, Chicago, IL 60602; rnguyen@cvls.org; F 312-332-1460

For Internal Use Only Case Closed: _____