

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MEDINA COUNTY, OHIO**

GUARDIAN AD LITEM QUESTIONNAIRE

THIS DOCUMENT SHALL BE COMPLETED AND RETURNED TO THE GUARDIAN AD LITEM. THIS DOCUMENT SHALL NOT BE FILED WITH THE COURT.

A. INFORMATION PERTAINING TO YOU:

Your Name:

Address:

City, State, Zip:

Telephone:

Email:

Social Media:

Date of Birth:

Social Security #:

Your Employer:

Address:

City, State, Zip:

Telephone:

Your Attorney:

Address:

City, State, Zip:

Telephone:

Email:

B. INFORMATION PERTAINING TO THE CHILD(REN):

1. Child's Name: _____
Child's Email: _____
Social Media: _____
Date of Birth: _____
Social Security #: _____
School: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Teacher: _____
Teacher's Email: _____
Grade: _____
Residential Parent for School Purposes: _____
Extra-curricular Activities: _____

2. Child's Name: _____
Child's Email: _____
Social Media: _____
Date of Birth: _____
Social Security #: _____
School: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Teacher: _____
Teacher's Email: _____
Grade: _____
Residential Parent for School Purposes: _____
Extra-curricular Activities: _____

B. [CONTINUED]:

3. Child's Name: _____

Child's Email: _____

Social Media: _____

Date of Birth: _____

Social Security #: _____

School: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Teacher: _____

Teacher's Email: _____

Grade: _____

Residential Parent for School Purposes: _____

Extra-curricular Activities: _____

4. Child's Name: _____

Child's Email: _____

Social Media: _____

Date of Birth: _____

Social Security #: _____

School: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Teacher: _____

Teacher's Email: _____

Grade: _____

Residential Parent for School Purposes: _____

Extra-curricular Activities: _____

C. YOUR CURRENT MARRIAGE:

Spouse's Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Social Media: _____
Date of Birth: _____
Social Security #: _____
Date of Marriage: _____

Employer: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Position: _____

Other Child(ren) [Names and Ages of children who are not subject to this litigation]:

1. _____
2. _____
3. _____
4. _____

D. YOUR PRIOR MARRIAGE(S):

1. Former Spouse: _____
Length of Marriage: _____
Telephone: _____
Email: _____
Social Media: _____

Child(ren) from prior marriage [Names and Ages]:

- 1. _____
- 2. _____
- 3. _____

2. Former Spouse:

Length of Marriage: _____

Telephone: _____

Email: _____

Social Media: _____

Child(ren) from prior marriage [Names and Ages]:

- 1. _____
- 2. _____
- 3. _____

E. PLEASE STATE THE NAME(S), AGE(S) AND RELATIONSHIP(S) OF ANY AND ALL OTHER PEOPLE CURRENTLY RESIDING IN YOUR HOUSEHOLD:

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

F. PLEASE STATE THE NAME(S), ADDRESS(ES), AND TELEPHONE NUMBER(S) OF NO MORE THAN THREE (3) PEOPLE WHOM YOU WOULD LIKE THE GUARDIAN AD LITEM TO INTERVIEW:

	<u>NAME</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

G. PLEASE DESCRIBE THE ISSUE(S) AND/OR CONCERNS THAT YOU HAVE AND THAT YOU WOULD LIKE THE GUARDIAN AD LITEM TO INVESTIGATE:

(For example: domestic violence, abuse, neglect, mental health, drug/alcohol abuse)

H. PLEASE STATE WHETHER THE CHILD(REN) INVOLVED IN THIS LITIGATION IS/ARE CURRENTLY RECEIVING COUNSELING, AND, IF SO, THE NAME(S), TELEPHONE NUMBER(S) AND ADDRESS(ES) OF THE COUNSELOR(S):

<u>CHILD</u>	<u>COUNSELOR</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I. PLEASE STATE WHETHER THE CHILD(REN) INVOLVED IN THIS LITIGATION IS/ARE CURRENTLY RECEIVING MEDICAL TREATMENT FOR ANY CONDITION, AND, IF SO, THE NAME(S), TELEPHONE NUMBER(S) AND ADDRESS(ES) OF THE DOCTOR(S):

<u>CHILD</u>	<u>DOCTOR</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. PLEASE STATE WHETHER THE CHILD(REN) INVOLVED IN THIS LITIGATION IS/ARE CURRENTLY ATTENDING DAYCARE AND/OR AFTER-SCHOOL CARE, AND, IF SO, THE NAME(S), TELEPHONE NUMBER(S) AND ADDRESS(ES) OF THE CAREGIVER(S) (e.g., BUSINESS, PERSON, OR INSTITUTION PROVIDING THE CARE):

<u>CHILD</u>	<u>CAREGIVER</u>	<u>TELEPHONE</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____