

**SUPERIOR COURT OF WASHINGTON
IN AND FOR THURSTON COUNTY
FAMILY & JUVENILE COURT**

vs.

Petitioner,

No.

SUPPLEMENTAL GAL ORDER/ORDER
AUTHORIZING RELEASE OF RECORDS
(ORDINFO)

Respondent.

Clerk's Action Required

I. BASIS/FINDINGS

This Order supplements the Order Appointing Guardian ad Litem (GAL) entered _____.
This appointment is regarding:

1. Investigate and make recommendations regarding:

- Initial Parenting Plan/Residential Schedule (RCW 26.09.187, RCW 26.09.191)
- Modification of Parenting Plan/Residential Schedule (RCW 26.09.260)
- Minor Guardianship (RCW 11.130.190)
- Relocation (RCW 26.09.520, RCW 26.09.530)
- Other: _____

Important Dates:	Date:	Time:	
Retainer Due Date			
Fee Review Hearing <i>Shall be stricken if retainer is paid before this date.</i>			<i>(Calendar)</i>
Due Date of GAL Report			
Review Hearing on GAL Report			<i>(Calendar)</i>

II. ORDER

Based upon the foregoing, it is hereby ordered:

1. The "Important Dates" set forth are the deadlines and hearing dates for this matter.
2. Pursuant to RCW 10.97.050(4), the GAL, _____, is authorized to have access to records of convictions, arrests, charges, allegations of criminal conduct and other non-

conviction data on the above listed individuals for the specific purpose of verifying information related to the GAL investigation. The GAL shall not further disseminate any non-conviction information except as authorized by statute or court order.

3. This order and any criminal history and/or Child Protective Service referral information shall be filed in a sealed confidential file, accessible only by the Court of Court personnel or by further order of the Court.

Dated this ____ day of _____, _____.

JUDGE/COURT COMMISSIONER

Presented by:

 Attorney for Petitioner Self-Represented

 Attorney for Respondent Self-Represented

If this information changes, it should be updated with both the Guardian ad Litem and the Clerk

PETITIONER: _____

RESPONDENT: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

ATTORNEY FOR PETITIONER:

ATTORNEY FOR RESPONDENT:

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

YOUR INPUT AND FEEDBACK REGARDING THIS PROCESS IS IMPORTANT. THEREFORE, AT THE CONCLUSION OF YOUR CASE WHEN FINAL ORDERS ARE ENTERED, YOU SHOULD COMPLETE A GUARDIAN AD LITEM EVALUATION FORM. THIS FORM IS AVAILABLE AT COURT ADMINISTRATION AT FAMILY AND JUVENILE COURT.

III. OTHER

Petitioner certifies that the following is a **complete list of anyone who** (including petitioner and minor children): 1) has resided in my household in the past year, 2) currently resides in my household; and 3) may reside in my household in the future:

Name (First, Middle & Last)	Gender	Birth Date	Soc. Sec. No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the Court may review Criminal Background and/or Child Protective Service referral records on all individuals stated above. I agree that if a person other than the above resides in my home, to authorize Criminal Background and/or Child Protective Services referral checks as a condition for maintaining this action.

Petitioner (Print Name)

(Sign Name)

A copy of driver's license is attached (required)

Respondent certifies that the following is a **complete list of anyone who** (including respondent and minor children: 1) has resided in my household in the past year, 2) currently resides in my household; and 3) may reside in my household in the future:

Name (First, Middle & Last)	Gender	Birth Date	Soc. Sec. No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree that the Court may review Criminal Background and/or Child Protective Service referral records on all individuals stated above. I agree that if a person other than the above resides in my home, to authorize Criminal Background and/or Child Protective Services referral checks as a condition for maintaining this action.

 Respondent (Print Name) (Sign Name)

A copy of driver's license is attached (required)