

THURSTON COUNTY GUARDIAN AD LITEM APPLICATION

Name: _____
Last First Middle

Mailing Address: _____
City State Zip

Business Phone: _____ Cell Phone: _____ Email: _____

Educational Background (accredited, post-secondary only): _____

List all relevant trainings and education, including state required GAL and/or local GAL trainings, and dates of attendance: _____

Please list three references that you have known for at least two years. One reference must be an employer or a co-worker, if you are currently employed.

1. Name: _____ Title: _____
Address: _____
Phone: _____ Relationship: _____

2. Name: _____ Title: _____
Address: _____
Phone: _____ Relationship: _____

3. Name: _____ Title: _____
Address: _____
Phone: _____ Relationship: _____

List your criminal history, including prior arrests, convictions and juvenile adjudications, whether in this state, in federal court or elsewhere: _____

Hourly rate: \$ _____

Advance Fee Deposit: \$ _____

Have you had any personal experience(s) (not including work as a GAL/CASA) involving:

Child Protective Services Foster Care Family Court System

Juvenile Court System Other agencies offering services to a child

If so, please explain (attach pages as needed): _____

If applicable:

Number of years of prior experience as GAL: _____

Number of appointments as GAL: _____

Other jurisdictions where you have been listed on a GAL registry: _____

Describe the nature, status and outcome of any complaints, investigations, disciplinary actions, lawsuits or liability claims lodged against you related to your duties as a GAL: _____

List any orders entered in the last year which removed you as GAL prior to completion of your duties for any reason other than: 1) a conflict of interest which you had no prior knowledge existed, or 2) removal because of parties' failure to pay your fees: _____

The year you were admitted to practice law in the State of Washington and bar number: _____

Any other states in which you are licensed to practice law: _____

Any disciplinary action against you by any bar association or other licensing agency: _____

The year you were certified in a professional area, the field and your certification number: _____

CERTIFICATION

I, _____, hereby certify under the penalty of perjury of the laws of the State of Washington that all of the answers contained herein are true and correct.

I hereby agree that I will immediately notify the GAL Coordinator of the following: 1. any complaint, investigation or action that has commenced relating to my duties as a GAL; 2. any complaint, investigation or action that has commenced relating to my actions as a lawyer or licensed professional; 3. if any criminal charges are brought against me; and/or 4. if I become subject to a court restraining order (including domestic violence order for protection, unlawful harassment protection order, criminal no contact order or other no contact orders, excluding an order issued ex parte).

I recognize that this Application Form shall be placed in a file that may be accessed by the public.

DATED: _____ Signed at (City, State): _____

Signature: _____

Print name: _____

For more information contact:
Wendy Mayo, GAL Coordinator (360) 709-3231 or e-mail mayow@co.thurston.wa.us