

GUARDIAN AD LITEM EVALUATION FORM

*In an ongoing effort to monitor the work performance by our court appointed Guardians ad Litem (GAL), we are requesting that all attorneys, parties and judicial officers involved in this case complete both sides of this questionnaire and return to Court Administration. Thank you for your help. **This does not start a grievance process.***

Cause No.: _____ Case Name: _____

Date: _____ GAL: _____

Evaluator: Judicial Officer Attorney Parent or Other Party

1. Type of case:

Initial parenting plan Modification Non-Parental Custody

Relocation Other (Please describe): _____

2. The selection of this GAL was:

By agreement Registry Rotation Court selected

3. GAL payment type:

Private pay County expense Combination private/County contribution

4. Total number of cases I have had with this GAL: _____

5. The GAL clearly explained his/her role and the scope of their duties:

Yes No Please explain (optional): _____

6. The GAL completed his/her duties in a timely manner:

Yes No Please explain (optional): _____

(Continue on reverse side)

7. The GAL maintained an appearance of fairness throughout the case:
 Yes No Please explain (optional): _____

8. The GAL was respectful to all parties to the case:
 Yes No Please explain (optional): _____

9. The GAL's investigation and overall handling of the case was:
 Excellent Above Average Average Below Average Poor
Please explain (optional): _____

10. The quality of the GAL's written report was:
 Excellent Above Average Average Below Average Poor
Please explain (optional): _____

11. I found the GAL's recommendation to be:
 Favorable to my position Unfavorable to my position Mixed

12. Additional Comments: _____

