



**-PLEASE PRINT THIS FORM & COMPLETE IT-**

The Court has appointed a Child Representative or Guardian ad Litem to represent the best interests of your child(ren).

Each parent should complete this form separately.

Please note that communications between parents and the Guardian ad Litem and/or Child Representative are not confidential.

Thank you for your time and attention to this form.

ONCE YOU COMPLETE THIS FORM, PLEASE RETURN IT TO OUR OFFICES BY:

MAIL: [LEGALASSITANT@CIESLABEELER.COM](mailto:LEGALASSITANT@CIESLABEELER.COM)

FAX: 847.868.1862

PERSONAL AND GENERAL INFORMATION	
Full Legal Name	
Nickname	
Maiden Name/Former Name	
Residential Address	
City, State, Zip	
Residential County	
Telephone Number	
Email Address	
Date of Birth	

Employer's Name	
Employer's Address	
Job Title	
Hours Worked Per Week	

MARRIAGE/RELATIONSHIP INFORMATION	
Date of Marriage	
Date of Separation	
Date of Dissolution (if applicable)	
If not married, Date Relationship Began	
Date of Separation	

CHILD(REN)'S INFORMATION				
Child's Name	Male or Female?	Birth Date (MM/DD/YY)	Child of	Resides With
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both
	<input type="checkbox"/> Male <input type="checkbox"/> Female	___/___/___	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Both

**Special needs of each child, if any:** (State with specificity the present health, educational or other conditions of each child. Include information pertaining to past and present therapy treatments, educational issues, health concerns, etc.)

**With Respect to the Child(ren) - provide the names, addresses and telephone numbers of any and all:**

**Treating Medical Care Providers:**

**State the name, address, grade placement of each educational facility in which each child is currently enrolled:**

**Child Care Providers:**



Have you ever been investigated by the **Department of Children and Family Services** or other similar agency in another state?

No  Yes If your answer is yes, were you indicated?  No  Yes, for \_\_\_\_\_

Have the **police** ever been involved with you or any member of your family?  No  Yes

Do you have or have you ever had **substance abuse issues**?  No  Yes

Do you have any **convictions** related to the use of alcohol and/or drugs?  No  Yes

Do you have any **convictions**?  No  Yes, for \_\_\_\_\_

**In your own words, describe the issues in conflict and how the Child Representative/  
Guardian ad Litem can be of assistance to you and your family.**