

**IN THE CIRCUIT COURT OF  
THE ELEVENTH JUDICIAL CIRCUIT  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA  
JUVENILE DIVISION**

**IN THE INTEREST OF:**

**CASE NO: XX-XXXXXX/XXX**

**LAST NAME, FIRST NAME**

**JUDGE:**

**DOB:**

**GM:**

**(Oldest to youngest)**

**MINOR CHILD(REN) \_\_\_\_\_ /**

**GUARDIAN AD LITEM REPORT TO THE COURT**

**Guardian ad Litem:** (Your Legal Name)

**Type of Hearing:** (If multiple types of hearings being held at same date/time, list all.)

**Date of Hearing:** (Write out-May, 24, 2018)

**Current Permanency Goal:** (The current case plan goal)

**Goal Date:** (Write out-May, 24, 2018)

**Length of Time Children have been Involved in Dependency Case:**

(Calculated in months for each child for current case. If child has had previous dependency cases, list those months as well.)

**Number of Placements:** (Actual number of times caregiver has changed for each child since removal.)

**Date of Report:** (Write out-May, 24, 2018)

**Date of Last GAL Visit:** (Write out-May, 24, 2018)

**I. Recommendations and Observations of the Guardian ad Litem:**

**a. The Guardian ad Litem respectfully makes the following recommendations:** Concise explanation of recommendations. Each one of the following should include your recommendations. **Bold and underline all recommendations.**

**i. Placement/Safety:** This section should include a description of current type of placement (relative, non-relative, foster care or group home). If the child is in a foster home, do not identify the foster parents by name. Only refer to the foster parents as the foster mother, foster father or foster parent.

How the child is doing in this placement? Is the placement safe and appropriate? If we recommend a change or a continuation of this placement, we need to explain why. If siblings are separated there should include a brief explanation regarding whether it is in the children's best interest to be placed together and if so, what steps are being taken to place the children together.

- ii. **Observations of the Child(ren):** Should include observations of the child(ren) and their interactions and relationship with the caregivers. Notate the number of visits with the child(ren) and date/location of last visit.
- iii. **Observations/Recommendations on Sibling Visitation:** Information and recommendations regarding sibling visitation and any pertinent observations you've made at the visits.
- iv. **Observations/Recommendations on Parental Visits/Interactions:** Please include a description of the type of visitation that is occurring (supervised/unsupervised), how the visitation is going, your observations, if we are recommending any changes to the visitation, and why.
- v. **Services Needed for Child(ren):** This section should include a description of current services the child is receiving, if those services are meeting the child's needs and should continue, if any additional services are being recommended, and why.
- vi. **Normalcy Activities:** Should include a description of activities the child is participating in under normalcy. An example would be if a youth 16 or older is working on getting his/her driver's license or if the youth is participating in independent living activities. Other examples might include attending sleepovers, playing sports, going to the movies. This section should also include the GAL's recommendation regarding participation in normalcy events or the GAL's recommendations with regard to a child's request to participate in a normalcy related event.
- vii. **Conditions for Return:** the extent to which the conditions for return are being met below and recommend what would need to

change for the children to be returned safely. Please remember that parents do not have to complete all of their case plan tasks in order for reunification to occur. Children can be returned home when it is safe to do so and with the help of safety planning. For this section, we don't want to answer yes or no when we are considering these questions. We want to explain what's happening with the parents and the children as well as what services are available that would help in safety planning. We also want to recommend what safety planning measures would have to take place in order for the children to be reunified. Ask yourself what would need to change?

**1. Safety planning:**

Are the parents willing now or have they shown a history of cooperation? Consider whether the parents are stating or have stated that they will cooperate with the safety plan. What would you recommend would need to change if anything?

~Is the safety plan able to manage any impending danger without the results of scheduled evaluations? Consider whether or not we have enough information about the family without waiting for a psychological, drug or domestic violence evaluation (for example) that is already scheduled. What would you recommend would need to change if anything?

~Is there a sufficient level of quality and quantity of safety planning services available in your area to meet this family's needs? Does the type of program that is being recommended exist in your area or would the family be placed on a wait list?

**2. Home environment:**

~Do the parents have a physical location that is consistently calm and safe enough for safety planning professionals to be in the home? Describe the parents' home situation and consider whether anyone providing services to the family would be able to do so safely. What would you recommend would need to change if anything?

**viii. Permanency Recommendations:** The current case plan goal is \_\_\_\_\_ and the case plan expires on \_\_\_\_\_. The GAL Program’s recommendation is...

This section should also include whether the GAL is in agreement with the goal, if a goal change is being recommended and why. If you are recommending that the case plan goal remain Reunification past the 12 month mark, you must include the specific reasons why it is in the best interest of the child(ren) to continue the goal past 12 months. The court must include compelling reasons why a particular goal is being pursued so please provide the factual support necessary for your recommendation for either the goal change or the continuance of the current goal.

**b. The Guardian ad Litem respectfully submits the following statement(s) of the wishes of the child(ren):** Remember to include wishes directly from the children even if the wish is not related to the case. If the children are non-verbal, state that. If the child is non-verbal, you can include a description here of any non-verbal cues that may show their wishes.

**II. Child’s Summary:** This section is optional and can be used to provide additional information on the child’s placement history or disruptions, education, mental or physical health and independent living progress.

**III. Other:** This section is also optional and can be used to provide additional information the writer would like to convey to the court. This section could be used to convey information that is not covered or needs expanding upon in the Recommendations section of the report.

Respectfully Submitted,

\_\_\_\_\_  
Volunteer Child Advocate (Your legal name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Advocate Manager (Your CAM’s name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

I HEREBY CERTIFY that I reviewed/read the above Guardian Ad Litem's Report and that it is being filed herein pursuant to Fla. Statute(s) 39.701 (2)(b); 39.807 (2)(b); or 39.822(4).

By: \_\_\_\_\_, Esq.  
Best Interest Attorney (Assigned to the case)  
Guardian ad Litem Program  
FBN: (FL Bar Number of the BIA)  
155 NW 3<sup>rd</sup> Street, 6<sup>th</sup> Floor  
Miami, FL 33128  
(305) 679-2222

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date