

GUARDIAN AD LITEM PROGRAM - ELEVENTH JUDICIAL CIRCUIT

**COURT INSTRUCTION FORM (Attorney Privileged)**

*Please phone your Guardian Supervisor, fax or e-mail this completed form to the Guardian Office*

CASE NAME \_\_\_\_\_ JUDGE/GM/FCR \_\_\_\_\_

COURT \_\_\_\_\_ DATE OF HEARING \_\_\_\_\_ TIME \_\_\_\_\_ TYPE OF HEARING \_\_\_\_\_  
CASE \_\_\_\_\_ HEARING \_\_\_\_\_ TIME \_\_\_\_\_ TYPE OF HEARING \_\_\_\_\_

GUARDIAN : \_\_\_\_\_ WILL APPEAR Y N \_\_\_\_\_

DCF/AGENCY CASE MGR \_\_\_\_\_ DCF ATTY \_\_\_\_\_

CHILD IN CARE SINCE \_\_\_\_\_ DATE OF LAST GAL VISIT \_\_\_\_\_

GOAL OF CASE PLAN \_\_\_\_\_

BARRIERS TO PERMANENCE: \_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

Form completed by \_\_\_\_\_ DATE \_\_\_\_\_

Source of information \_\_\_\_\_