

**GUARDIAN AD LITEM PROGRAM - ELEVENTH JUDICIAL CIRCUIT  
COURT INFORMATION FORM (Attorney Privileged)**

CASE NAME \_\_\_\_\_ JUDGE/GM/FCR \_\_\_\_\_  
COURT \_\_\_\_\_ DATE OF HEARING \_\_\_\_\_ TIME \_\_\_\_\_ TYPE OF HEARING \_\_\_\_\_  
CASE # \_\_\_\_\_

GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_ WILL APPEAR Y N \_\_\_\_\_

AGENCY \_\_\_\_\_ CHILD IN CARE SINCE \_\_\_\_\_

DATE / LOCATION OF LAST GAL VISIT \_\_\_\_\_

**CAUSE FOR DEPENDENCY**

Domestic Violence Substance Abuse M F Neglect M F Abandonment M F Sexual Abuse M F Physical Abuse M F

GOAL OF CASE PLAN: Reunification M F adoption permanent guardianship placement with a fit and willing relative APPLA

Parents' Progress: \_\_\_\_\_

IS CHILD ON PSYCHOTROPIC MEDICATION: YES NO Modifications: \_\_\_\_\_

EDUCATIONAL ISSUES: \_\_\_\_\_

PLACEMENT: Mother Father Relative \_\_\_\_\_ Non-Relative \_\_\_\_\_ Foster Care

Comments (appropriateness) : \_\_\_\_\_

**VISITATION/TPR STATUS (Please identify current visitation status and whether a modification is appropriate)**

MOTHER: no contact therapeutic supervised by \_\_\_\_\_ unsupervised frequency \_\_\_\_\_ TPR: Y N

FATHER \_\_\_\_\_: no contact therapeutic supervised by \_\_\_\_\_ unsupervised frequency \_\_\_\_\_ TPR: Y N

FATHER \_\_\_\_\_: no contact therapeutic supervised by \_\_\_\_\_ unsupervised frequency \_\_\_\_\_ TPR: Y N

OTHER (grandparent, relatives, siblings) \_\_\_\_\_

**Modification Recommendations and Reasons:**

Ex. If a parent has supervised, can they have unsupervised visits? Can they have increased time in the same level?

**NEW DEVELOPMENTS (Since last hearing)**

**RECOMMENDATIONS:**

Form completed by \_\_\_\_\_ DATE \_\_\_\_\_  
Source of information \_\_\_\_\_