

Ann Thompson Bennett, Esq.  
P.O. Box 5398, Manchester, NH 03109  
Tel: (603) 668-7774 Fax: (603) 218-7780 e-mail: ann@thompsonlawpllc.com

### GUARDIAN AD LITEM QUESTIONNAIRE

I have been appointed Guardian ad Litem for the minor child(ren) named above. New Hampshire law provides the courts with the authority to appoint a Guardian ad Litem to help determine what is in the best interests of the child(ren). I do not represent any of the adjust; but am charged with representing the interests of the child(ren). My participation in this case usually saves the court and parties a considerable amount of time and money since I will speak with people who might otherwise have to testify in a long court procedure. As part of my investigation in this matter, I am requesting you provide me with the following information, in as complete and accurate a manner as possible. If a question is not applicable to you, please answer with "N/A". Please do not discuss your answers with anyone until you have returned them to me. Please feel free to add additional pages for information that cannot be contained on the spaces provided below. If you have additional documents that you would like me to see that you feel I should be made aware, please attach those documents to your answers.

#### FAMILY HISTORY

Today's date: \_\_\_\_\_

1.

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Present Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Present Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

2. List all children born to you, and their present guardian or custodian, if other than yourself.

Child's Name	Address	Guardian/Custodian	Birthdate

3. List all persons with whom you presently live.

Name	Relationship to you	How long?	Birthdate

4. Employment History (Last 5 years)

Employer Name	Address	Job Title	Dates of Employment	Monthly Income (NET)


5. Prior residences during last five (5) years:

Street #	City	State	Dates

6. MARRIAGE

- a. Married? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. Date and Place of present marriage: \_\_\_\_\_
- c. Date of last separation: \_\_\_\_\_
- d. Date of all prior separation and reconciliations: \_\_\_\_\_
- e. Dates of all prior marriages, and reason for termination  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. CRIMINAL RECORD

- a. Have you ever been arrested? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_
- c. If YES to either a or b, please describe in detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. DOMESTIC VIOLENCE

- a. Have you ever filed an abuse or neglect petition against your present spouse for either child abuse/neglect or domestic violence? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. If so, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
- c. Has a petition ever been filed against you for abuse or neglect? YES \_\_\_\_\_ NO \_\_\_\_\_
- d. If so, please describe:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. MEDICAL HISTORY

- a. Do you have or have you ever had any serious illness or physical disability or handicaps? YES \_\_\_\_\_ NO \_\_\_\_\_
- b. If so, please provide the names and addresses of each professional and dates of treatment:

- c. \_\_\_\_\_
- d. Have you ever been treated by a psychiatrist, psychologist, psychiatric social worker, or other therapist or counselor? YES \_\_\_\_ NO \_\_\_\_\_
- e. If so, please provide the names and addresses of each professional and dates of treatment:  
\_\_\_\_\_  
\_\_\_\_\_
- f. Have you ever been hospitalized for mental illness? YES \_\_\_\_\_ NO \_\_\_\_\_
- g. If so, where and when? \_\_\_\_\_
- h. Have you ever been treated for drug/alcohol dependency? YES \_\_\_\_\_ NO \_\_\_\_\_
- i. If so, where and when? \_\_\_\_\_

10. RELATIVES: Please list all living parents, brothers, and sisters or other close relatives:

Name	Address	Relationship to you

11. REFERENCES: Please provide five (5) references who I may contact. Each reference should have first hand knowledge of you as a parent, and may be either relatives or friends. Please list your references in order of importance, as not all references may be contacted.

Full Name/Relationship	Address	Telephone

12. Briefly state your position and any concerns that you may have with respect to the child(ren) and/or matter at issue.

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13. What is your ideal parenting schedule? Why?

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14. Is there anything that I should be aware of regarding your child(ren)?

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15. What arrangements have you made or planned for regarding the following;

a. Your child's education?

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b. After school care?

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c. Summer Care?

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16. ALCOHOL CONSUMPTION

- a. How often do you drink alcohol? \_\_\_\_\_  
b. What type of alcohol do you drink? \_\_\_\_\_

17. DRUG USE

- a. Have you ever been tested for illegal drug use? YES \_\_\_\_\_ NO \_\_\_\_\_  
b. If YES, when was the last time you were tested? \_\_\_\_\_  
c. Who initiated the test? \_\_\_\_\_

18. Have you ever been a party to litigation, other than these proceedings? If so please provide the date, names of parties, name of court, type of action and disposition of case.

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**CHILDREN(S) INFORMATION**

19. SCHOOL/DAYCARE INFORMATION:

Name	School/Daycare Provider Address/Telephone	Grade	Teacher

20. PEDIATRICIANS/DENTIST:

Name	Address	Telephone

21. COUNSELORS/THERAPIST (CHILDREN):

Name	Address	Telephone

22. EXTRA CURRICULAR ACTIVITIES:

Child's Name	Activity	Schedule	Circle Month(s)
			Jan – Feb – Mar – Apr May – Jun – Jul – Aug Sept – Oct – Nov - Dec
			Jan – Feb – Mar – Apr May – Jun – Jul – Aug Sept – Oct – Nov - Dec
			Jan – Feb – Mar – Apr May – Jun – Jul – Aug Sept – Oct – Nov - Dec
			Jan – Feb – Mar – Apr May – Jun – Jul – Aug Sept – Oct – Nov - Dec