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TO:

GUARDIAN AD LITEM QUESTIONNAIRE

THIS GUARDIAN AD LITEM QUESTIONNAIRE IS DESIGNED TO GIVE THE GUARDIAN SOME BACKGROUND INFORMATION REGARDING YOU, THE OTHER PARENT, AND YOUR CHILD(REN). IN ADDITION, THE GUARDIAN WILL SPEAK WITH YOU PERSONALLY AFTER YOU HAVE COMPLETED THIS QUESTIONNAIRE. PLEASE BRING THIS QUESTIONNAIRE, YOUR PHOTO ID, AND YOUR RETAINER OF \$ _____ TO YOUR SCHEDULED APPOINTMENT ON _____ AT _____ .M.

INSTRUCTIONS

1. Please fill this out to the best of your ability, if you do not know an answer to a question, please state so. The Guardian is looking for substance, not quantity. Answering all questions or not answering all questions will have no effect, it is how you answer the questions.
2. Should you need more space, please write on the back of the page or add additional pages, making note of that in the space provided in this Questionnaire.
3. If this is NOT a divorce action, the “Spouse” will mean the opposing party.

I. PERSONAL HISTORY

(A) Relation to Child(ren) concerning this Litigation:

Mother [] Father [] Custodian [] Other _____

(B) Your Name, Address and Telephone Number(s).

- 1. Name: _____
(First) (Middle) (Last) (Maiden)
- 2. Tel: Home: _____ Cell: _____
Work: _____ Email: _____
- 3. Home _____
Address: _____

(C) Date of Birth _____

(D) SSN: _____

(E) Education:

	School	Location	Year Graduated or Attended	Degree Earned
High School	_____	_____	_____	_____
College/Trade	_____	_____	_____	_____
Graduate (Masters)	_____	_____	_____	_____
Graduate (Doctorate)	_____	_____	_____	_____

Notes: _____

III. HEALTH

(A) Your Health:

- (1) Please describe your current health:
Good [] OK [] Bad [] Other [] _____
- (2) Are you currently on any medication? Yes [] No []

If Yes, please state:

Medication Name	For What Condition	How Long Have You Taken It?
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- (3) Are you Currently under a Doctor's care? Yes [] No []
If yes, please state why you are under a doctor's care and how long:

(B) Spouse's Health:

- (1) Please describe your spouse's current health:
Good [] OK [] Bad [] Other [] _____
- (2) Is your spouse currently on any medication? Yes [] No [] Unknown []

If Yes, please state;

Medication Name	For What Condition	How Long Have You Taken It?
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- (3) Is your spouse currently under a doctor's care? Yes [] No [] Unknown []
If Yes, please state why you are under a doctor's care and how long:

IV. MARITAL HISTORY

(A) Marriages:

- 1. How many times have you been married (Including this Marriage)? _____
- 2. If more than 1, please state:

Name of Spouse	Date of Marriage	Date of Divorce	Where Divorced	Grounds for Divorce
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(B) Concerning THIS MARRIAGE:

- (1) Separations:** Have you and your Current Spouse ever separated previously? Yes [] No []

If Yes, please state the causes with approximate dates of Separation and reconciliation:

- (2) Prior Litigation:** Have you taken your Current Spouse to Court before (i.e. Temporary Restraining Order, prior divorce? Yes [] No []

If yes, please state the need for the action, type of action and the approximate date of the action:

(C) Concerning PRIOR Marriages:

- (1) Relationship with Prior Spouse(s):** What is you current relationship with your prior spouse(s)?

1 st Spouse	Good []	OK []	Bad []	Other [] _____
2 nd Spouse	Good []	OK []	Bad []	Other [] _____
3 rd Spouse	Good []	OK []	Bad []	Other [] _____

(2) Subsequent Litigation: Have you gone back to Court with a former spouse for any reason?

If Yes, please state the circumstances and outcome of the Court Proceeding.

(D) Cohabitation: Is there anyone else who lives with you? Yes [] No []

If Yes, please state:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Notes: _____

V. CHILDREN

(A) Please list the Children OF THIS MARRIAGE OR CONCERNING THIS matter:

Name (1 st , Nickname, MI, Last)	Date of Birth	Current Age	Residing With

(B) Please list any other children that you have NOT LISTED IN A above:

Name (1 st , Nickname, MI, Last)	Date of Birth	Current Age	Residing With

(C) Health of the Children: Please list any health problems that a child or children in either A & B above may have other than minor ailments (i.e. colds, flu, etc...)

Child's Name	Condition	Age Diagnosed

2. Pediatrician: Please list the children's pediatrician, address and phone number:

(D) Education: Please list the school(s) and grade(s) for each child(ren) of this action

Child's Name	School Attending	Current Grade
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(E) Special Needs or Education: Do any of your children (A or B above) have any special needs or require special education? Yes [] No []

If Yes, please list any special needs or education a child or children may have:

Child's Name	Special Need/Education
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(F) Extracurricular Activities:

Do any of your children participate in extracurricular activities? Yes [] No []

If Yes, please list the activity and child's name for each

Child's Name	Activity
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VI. SUBSTANCE ABUSE ISSUES

(A) Have you ever been treated for alcohol or drug addiction problems? Yes [] No []

If Yes, please state when and where you were treated and the current state of your addiction.

(B) Have you now or in the past abused alcohol or drugs but were not treated for the problem?
Yes [] No []

If Yes, how have you addressed this addiction?

(C) Are you willing to take a hair follicle drug test or alcohol test? Yes [] No []

VII. CRIMINAL RECORD

(A) Have you ever been arrested in this state, another state, or any country? Yes [] No []

If Yes, provide the details of the date of the arrest, the charge, and outcome of the charge.

(B) Does anyone in your household have a criminal record? Yes [] No []

If Yes, provide the details of the date of the arrest, the charge, and outcome of the charge.

(C) Have you ever been investigated by the Department of Social Services? Yes [] No []

If Yes, please describe the circumstances and the outcome.

VIII. CHURCH AFFILIATION

(A) What is your church affiliation, if any?

(B) How frequently do you attend?

IX. DISCIPLINE

(A) List in detail how you discipline your child(ren).

(B) Do you believe in corporal punishment? Yes [] No []

