**PORTAGE COUNTY COMMON PLEAS COURT**

**DOMESTIC RELATIONS DIVISION**

**GUARDIAN AD LITEM REPORT**

|  |  |  |
| --- | --- | --- |
|  |  | Case No: |
|  |  |  |
| Plaintiff/Petitioner |  | Guardian Ad Litem: |
| v. |  |  |
|  |  |  |
|  |  |  |
| Defendant/Petitioner |  | Date of Report: |
|  |  |  |

1. **Summary of conversations with child(ren)**

My meeting with the child was held at:

School

My office

Counselor’s office

Other location away from parents or other persons of influence.

Summary of conversation: (Please complete for each child involved.)

1. **Summary of conversations with counselor and teachers**

Identify the person, the location of your meeting, and substance of your conversation.

1. **Summary of individual conversations with parents**

Identify the location of the meeting with each parent and confirm that the child(ren) was present at some time during the meeting.

1. **Summary of living quarters of each parent**

In addition to a description, please provide the court with your opinion of whether the physical arrangements are suitable for the child(ren).

1. **Conversations with other adults**

Identify and summarize any conversations with other adults who are close to the child(ren) and/or are involved in their daily life at one of the parents’ homes.

1. **Stability**

Please provide your opinion and observations about the stability of adult figures in the child(ren)’s life.

1. **Other children**

Please provide your opinion regarding any other children in the child(ren)’s life.

1. **Time Keeping for Guardian Ad Litem**

Identify the approximate amount of time you spent on each of the following:

|  |  |
| --- | --- |
|  | meeting with child(ren) |
|  | viewing homes of parents |
|  | meeting with teachers/counselors |
|  | meeting with other adults |
|  | meeting with parents |
|  | preparing report |

1. **Recommendations**:

1. This case is scheduled for the following hearings:

|  |  |
| --- | --- |
| Status Conference: |  |
| Pre-trial: |  |
| Trial: |  |

Please identify any conflicts which prevent you from being able to appear.

|  |  |
| --- | --- |
|  | |
| /s/Filing Party’s Signature | |
|  | |
| /Filing Party’s Name | |
| Sup. Ct. No.      , if applicable | |
| Address: |  |
|  |
| Telephone: | |
| Email: | |
| Fax: | |

X/Appendices[Index]/5 - GAL Report