

**CONTACT INFORMATION FOR GAL**

**CAUSE #:** \_\_\_\_\_

The court will forward this information to the appointed GAL. Any information will help the process to continue in a timely manner.

**Children:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

.....

**Mother's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Any other names used: (ie Maiden name) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Any other names used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

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**Custodian (if applicable):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ST Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Email: \_\_\_\_\_