



**Pierce County Superior Court  
Family Court Services**

334 County City Building, 930 Tacoma Avenue South, Tacoma, WA 98402  
(253) 798-3654 Fax: (253) 253-798-7214

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**Initial Questionnaire for the Guardian ad Litem**

Please complete the information below to the best of your ability and to the best of your knowledge. Please be aware that any information provided is not confidential. It may be provided to the Court and appropriate parties. *Please return this questionnaire within 3 weeks.*

**Family Law cause number:**

**Your name:**

**Your current phone number:**

**Your current email address:**

**Your current address:**

**Name(s) of child(ren) in this case:**

**Today's date:**

**PARENTING PLAN**

How would you describe the child(ren)'s relationship with the other party/parent:

What type of contact with other party/parent do you feel would be in the *child(ren)'s best interest*:

Please describe any current safety concerns you have about the child(ren):

If the child(ren) has any special needs, please describe how that is impacted by the current custody arrangement (if at all). Please describe how you feel the child(ren)'s needs could be best met.

What has your relationship been like with other party/parent?

What are your strengths as a parent?

Please list three things the other party does well as a parent:

**HISTORY**

What is your employment history?

For yourself, please list any mental health needs including diagnosis, treatment recommendations and current status. Please list the names and contact information for these providers.

Please describe any arrests, criminal convictions and current criminal matters. Please provide location, dates and case numbers if available.

Please describe any domestic violence history including any reports made to law enforcement. Please provide location, dates and case numbers if possible. Include any current restraining orders, protection orders, etc.

Please describe any substance use including treatment and current sobriety status. Please provide names of treatment providers/assessors and dates.

Please list where you have lived over the last 5 years and other states you visit frequently.

Please describe any involvement with the Division of Children and Families Services/Child Protective Services.

**CURRENT SITUATION**

If you are currently employed, please give the name and location of your employer. What are your hours?

What is the highest level of education you completed?

What are the languages spoken in your home?

Describe your current living arrangements:

Do you currently have a significant other, boyfriend, girlfriend, or spouse? If so, please provide their full name and date of birth.

Provide three references, please provide their names, relationship, and contact information below.

Do you have any chronic medical conditions? If so, please describe including treatment recommendations and who the provider is.

**CHILD(REN)**

Please list all of your children and their birthdates, including those who do not reside with you. \_

Who are the caregivers (including daycare, relatives, or friends) that you use for the child(ren)?

Who are positive supports (role models) for the child(ren)?

What causes stress for the child(ren)?

What is the child(ren)'s daily routine at your home?

How would you describe the child(ren)?

How do you discipline the child(ren)?

What are the child(ren)'s educational needs? If the child(ren) has an IEP or 504 Plan, please describe the services/accommodations provided. Has school attendance ever been an issue including a Becca petition?

Please describe the child(ren)'s medical needs and list any medical providers and their contact information. Please include any therapies (like physical therapy) and medications.

Please describe the child(ren)'s mental health needs and list any providers and their contact information. Please describe any recommendations for follow up or therapy.

Who is the child(ren)'s dentist? Please provide their contact information.

Who is the child(ren)'s primary care doctor? Please provide their contact information.

Please list any extracurricular activities the child(ren) participates in:

Please describe if your child has any difficulties at school or in peer relationships:

Thank you completing the initial questionnaire. Please promptly return this and any other documents to your GAL or to: **Attn: Family Court Services, 334 County City Building, 930 Tacoma Avenue South, Tacoma, WA 98402.** Documents can be returned in-person between 8:30 am and 4:30 pm Monday-Friday (with the exception of 12-1 pm and on national holidays). Documents can also be returned by mail.