

**CORNELL ANDERSON LLC**

16 N. West Street  
Waukegan, Illinois 60085  
T: 847-336-7373  
F: 847-336-7377

Karissa B. Anderson  
Attorney at Law

E: karissaandersonlaw@gmail.com

**CHILD REPRESENTATIVE/GAL INTAKE FORM**

**Identification Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 digits SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ (home) (work) (cell)

Alternate Phone: \_\_\_\_\_ (home) (work) (cell)

Current Employer Name/Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Other Party Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Children of this litigation:**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Residing with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schools for children:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Other children residing in your household (if applicable):**

Child Name:                      Date of Birth:                      State of Birth:                      Residing with:

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**Pending Petitions/Motions:**

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**Brief description of dispute(s) involving the children:**

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**Your position on the above dispute(s) and any proposals for resolution:**

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**What do you want me to know about you, your child(ren) or the pending case?:**

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**Additional individuals you believe may be helpful to interview in this matter:**

Name:                      phone number:                      Email address:                      Relationship to you:

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