

ANDERSON LAW, P.C.

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

Karissa B. Anderson
Attorney at Law

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CHILD REPRESENTATIVE/GAL INTAKE FORM

Retainer amount: \$ _____ **Your portion: \$** _____

Identification Information:

Name: _____ Email: _____

Last 4 digits SSN: _____ Date of birth: _____

Address: _____

Preferred Phone: _____ (home) (work) (cell)

Current Employer Name/Address: _____

Occupation: _____ Gross Annual Income: _____

Children of this litigation:

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

Schools for children: School Name, City, Current Grade and Teacher's Name

Child(ren)'s Extracurricular activities:

Describe the current living/parenting time schedule for each child:

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Please describe any special needs your child(ren) may have:

What is the name and contact information for your child(ren)'s:

Doctor: _____

Dentist: _____

Counselor: _____

Other (such as social worker, case worker): _____

What do you want me to know about your child(ren):

Other adults residing in your household (if applicable):

Name: Age: Relationship to you:

Other children born to you or residing in your household (if applicable):

Child Name: Date of Birth: Residing with:

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Personal Strengths and Weaknesses with respect to the child(ren):

What are your strengths as a parent:

What are your weaknesses as a parent:

What are the strengths of the other parent:

What are the weaknesses of the other parent:

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Please provide a brief description of your understanding of the dispute(s) involving the children:

What is your proposal for resolution of the dispute(s):

Please list any additional items or concerns that you would like to discuss:

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

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