

Request for Inclusion on the Guardian Ad Litem List

Name: _____ Practice/Firm: _____

Address: _____ Phone: _____ Fax: _____

_____ Email: _____

THIS SECTION MUST BE COMPLETED FOR INCLUSION:

I certify the following: (Check all that apply)

- I have attached a copy of my current resume or curriculum vitae.
- I have participated in Guardian Ad Litem training. *Certificate or verification of completion is attached.*
 Date of Training: _____
 Length of Training: _____
 Name of Training Program: _____
- I have continuously practiced in the area of family law, counseling or other related field for more than five (5) years in the State of North Carolina.
- I was trained in juvenile court as a Guardian Ad Litem or practiced in juvenile court as a Guardian Ad Litem Attorney and continuously practiced in this area.
- I agree to participate in continuing education, group discussion and peer review groups as offered in my area.
- I will keep the Family Court Office informed of any changes in my contact information.
- I will provide the Family Court Administrator with information on my Guardian Ad Litem fee schedule, including any rate changes.
- I will contact the Family Court Office if I become ineligible to continue to serve as a Guardian Ad Litem.
- I understand that the Chief District Court Judge will remove my name form the Guardian Ad Litem list if I become ineligible to continue to serve as a Guardian Ad Litem.

This the ____ day of _____, 20____.

Signature

For use by the District Court Judges' Office Only:
Request for Inclusion on the Guardian Ad Litem List: Approved Denied

Chief District Court Judge (or designee)
Date: _____