GUARDIAN AD LITEM PROGRAM - ELEVENTH JUDICIAL CIRCUIT

COURT INSTRUCTION FORM (Attorney Privileged)

Please phone your Guardian Supervisor, fax or e-mail this completed form to the Guardian Office

CASE NAME _____ JUDGE/GM/FCR _____

COURT CASE # _____ DATE OF HEARING _____ TIME _____ TYPE OF HEARING _____

GUARDIAN _____ PHONE _____ WILL APPEAR Y N _____

DCF/AGENCY CASE MGR _____ DCF ATTY _____

CHILD IN CARE FOR _____ MONTH DATE OF LAST GAL VISIT _____ GOAL OF CASE PLAN _____

BARRIERS TO PERMANENCE

_____

STATUS OF VISITATION : _____

Form completed by _____ DATE _____

Source of information _____