

GAL/Child Representative Information Sheet

(Application for Family or Juvenile Appointment
as *guardian ad litem* or Child Representative)

I, _____, after being duly sworn, under oath state as follows:

1. I am a licensed attorney in the State of Illinois and in good standing with the Attorney Registration and Disciplinary Commission.
2. I have attended the education program created by and/or presented by an approved MCLE provider consisting of a minimum of ten hours of continuing legal education credit within the two (2) years prior to the date of my application.
3. I hereby certify that I am currently covered by professional liability insurance which would cover any and all claims against me arising out of my legal services as *guardian ad litem* and/or Child Representative in family or juvenile cases. I agree to maintain such coverage as long as I remain on the family or juvenile appointment list.
4. I understand that I am subject to receive appointment from this Court to serve on a *pro bono* basis, at least one (1) time each year.
5. I understand that at the conclusion of my appointment on each case, I must submit to the Court a Petition for Fees to seek reimbursement of my legal services as *guardian ad litem* and/or Child Representative, and that the Court must approve fee requests and determine which parties or individuals are responsible for payment of fees.
6. I hereby certify that all of the statements contained herein are within my own personal knowledge, and hereby apply for appointments in family or juvenile law cases as *guardian ad litem* and/or Child Representatives for the 17th Judicial Circuit.

My office address and phone number is as follows: Address: _____

Phone: _____

SUBSCRIBED AND SWORN to before me this
____ day of _____, 20____.

_____ Notary Public	_____ Signature	_____ Date
	_____ Attorney Number	
APPROVED:	_____ Authorizing Judge	_____ Date

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