

**SCHMANKE LAW GUARDIAN AD LITEM INTAKE FORM  
DIVORCE/MODIFICATION/GUARDIANSHIP/ORDER OF PRECTION/ADOPTION**

*Completed by GAL Assistant - Schmanke Law Office Use Only*

Date Became GAL: \_\_\_\_\_ Clio #: \_\_\_\_\_ Case # \_\_\_\_\_

Style of the Case: \_\_\_\_\_

Type of Matter: \_\_\_\_\_ Judge: \_\_\_\_\_

Pet. Atty.: \_\_\_\_\_ Res. Atty.: \_\_\_\_\_

Intake Form Received on : \_\_\_\_\_

Amount of Fees Ordered by the Court: \_\_\_\_\_ Fees Paid on: \_\_\_\_\_

Please do your best to answer all of the following questions contained on this intake form. If there is insufficient space for you to answer a question, please use the separate pieces of paper at the end of this intake form identifying the correct number of the question to which the answer corresponds. If the question does not apply to your relationship with the child(ren) in the case write "N/A" in your answer.

1. Your Relationship to the child(ren) that are subject to this case: \_\_\_\_\_

2. You are the (check correct box)  Petitioner,  Respondent,  Intervener in this case.

3. Your Full Name: \_\_\_\_\_

4. Your Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Your Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. Your Attorney's Name: \_\_\_\_\_

7. List any names you may have used in the last ten (10) years:

\_\_\_\_\_

8. Your Home Phone: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

9. Your E-mail: \_\_\_\_\_

10. Are you on the following social media (check box if yes)

Facebook  Twitter  Instagram  Linkedin  Other: \_\_\_\_\_

11. List the following for the minor children who are the subject to this case for which attorney Paul Schmanke has been appointed GAL:

Full Name Child #1: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name Child #2: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name Child #3: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name Child #4: \_\_\_\_\_ DOB: \_\_\_\_\_

Full Name Child #5: \_\_\_\_\_ DOB: \_\_\_\_\_

12. List the following for the minor child in your custody that are NOT subject to this case that are in your custody:

Full Name Child #1: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's #1 Natural Parents: \_\_\_\_\_

Full Name Child #2: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's #2 Natural Parents: \_\_\_\_\_

Full Name Child #3: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's #3 Natural Parents: \_\_\_\_\_

Full Name Child #4: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's #4 Natural Parents: \_\_\_\_\_

Full Name Child #5: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's #5 Natural Parents: \_\_\_\_\_

13. What is your highest level of education? \_\_\_\_\_

14. Were you ever a member of the Armed Forces? \_\_\_\_\_ If yes, then please describe your military career, any disciplinary proceeding you were subject to, and a description of your discharge.

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

15. Where are you currently employed: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your job title: \_\_\_\_\_ Length of employment: \_\_\_\_\_

Describe your hours: \_\_\_\_\_

Describe ALL your income including wages, dividends, disability, workers compensation, annuities, rents, royalties, etc.:

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

16. List all places of employment in the past five (5) year with dated of employment, positions addresses, and reason for leaving employment.

Place of Employment #1: \_\_\_\_\_

Began: \_\_\_\_\_ Ended: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Place of Employment #2: \_\_\_\_\_

Began: \_\_\_\_\_ Ended: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Place of Employment #3: \_\_\_\_\_

Began: \_\_\_\_\_ Ended: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Place of Employment #4: \_\_\_\_\_

Began: \_\_\_\_\_ Ended: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

17. Name your current significant other (boyfriend/girlfriend, fiancée, spouse), as well as the following information regarding your significant other:

Significant other's full name: \_\_\_\_\_

Age: \_\_\_\_\_ Marital status: \_\_\_\_\_ Number of children: \_\_\_\_\_

Length of your relationship with your significant other: \_\_\_\_\_

Date and duration of any separation: \_\_\_\_\_

Employment: \_\_\_\_\_

Criminal history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of protective orders you have with significant other: \_\_\_\_\_

\_\_\_\_\_

Drug abuse history: \_\_\_\_\_

\_\_\_\_\_

History of child abuse: \_\_\_\_\_

\_\_\_\_\_

Description of the relationship of your significant other with the child(ren) subject to this case:

\_\_\_\_\_

\_\_\_\_\_

18. List the names of all adults, individuals and/or boyfriends/girlfriends who lived in your residence more than 3 consecutive nights in the past five years:

Person #1: \_\_\_\_\_

Person #2: \_\_\_\_\_

Person #3: \_\_\_\_\_

Person #4: \_\_\_\_\_

Person #5: \_\_\_\_\_

19. List all marriages to which you have been a party to:

Marriage #1 Spouse: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Marriage #2 Spouse: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

Marriage #3 Spouse: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_

20. Describe fully the current condition of your health: \_\_\_\_\_

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21. If you are disabled, check which condition(s) apply:

- Partially     Totally     Permanently     Temporarily

22. List all medications that you are currently taking for health conditions:

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Please state whether you are prescribed any medications that you are NOT taking any why you are NOT taking them:

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List your physical limitations in connection to your health conditions:

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Provide a summary of the prognosis of your health:

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List all hospitalization in the last five years, including dates, duration and place of hospitalization:

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Do you have a psychiatric history, if so, please describe: \_\_\_\_\_

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Have you seen a therapist in the last five year, if yes, please describe the type of therapy, frequency of therapy, and how long you have attended therapy:

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23. Do you have a criminal record? \_\_\_\_\_ If yes, please provide the following information:

Criminal conviction #1: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ County of conviction: \_\_\_\_\_ State of conviction: \_\_\_\_\_

Original Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Circumstance of the charge/conviction: \_\_\_\_\_

Criminal conviction #2: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ County of conviction: \_\_\_\_\_ State of conviction: \_\_\_\_\_

Original Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Circumstance of the charge/conviction: \_\_\_\_\_

Criminal conviction #3: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ County of conviction: \_\_\_\_\_ State of conviction: \_\_\_\_\_

Original Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Circumstance of the charge/conviction: \_\_\_\_\_

Criminal conviction #4: \_\_\_\_\_

Date of conviction: \_\_\_\_\_ County of conviction: \_\_\_\_\_ State of conviction: \_\_\_\_\_

Original Charge: \_\_\_\_\_

Sentence: \_\_\_\_\_

Circumstance of the charge/conviction: \_\_\_\_\_

Have you ever been charged with a crime(s) for which you were acquitted, if yes, please describe:

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

If you have ever been on probation, please provide the following in regards to your probation officer:

Probation Officer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever violated parole and/or probation? \_\_\_\_\_

Have you ever been incarcerated? \_\_\_\_\_ If yes, where and for what duration?

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

24. Do you have or did you ever have a drug/alcohol addiction, is so, please describe:

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

If you have/had a drug/alcohol addiction, please state how often in a month the following occurred:

- \_\_\_\_\_ Missed school or work;
- \_\_\_\_\_ Had trouble at school or work;
- \_\_\_\_\_ Were unable to care for the children;
- \_\_\_\_\_ Were unable to cook, clean the house, get groceries or attend to other household functions
- \_\_\_\_\_ Arguments with friends/family
- \_\_\_\_\_ Become physically violent with friends/family
- \_\_\_\_\_ Drive with intoxicated/under the influence

If you have/had a drug/alcohol addiction, please state:

- \_\_\_\_\_ How frequently you have problems or arguments with friends or family;
- \_\_\_\_\_ Did/Do you spend less time with friends or family because of the addiction;
- \_\_\_\_\_ Did/Does the addiction cause the separation or divorce;
- \_\_\_\_\_ Did/Does the addiction cause instances of violence or fights;

25. Do you drink alcohol? \_\_\_\_\_ If yes, please state the type, frequency and duration:

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26. Do you attend AA or NA or a similar program? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

27. Does your spouse/co-parent ever have/had a drug/alcohol addiction? \_\_\_\_\_ If yes, describe:

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If your spouse/co-parent have/had a drug/alcohol addiction, please state how often in a month the following occurred:

- \_\_\_\_\_ Missed school or work;
- \_\_\_\_\_ Had trouble at school or work;
- \_\_\_\_\_ Were unable to care for the children;



- \_\_\_\_\_ Were unable to cook, clean the house, get groceries or attend to other household functions
- \_\_\_\_\_ Arguments with friends/family
- \_\_\_\_\_ Become physically violent with friends/family
- \_\_\_\_\_ Drive with intoxicated/under the influence

If you spouse/co-parent have/had a drug/alcohol addiction, please state:

- \_\_\_\_\_ How frequently they have problems or arguments with friends or family;
- \_\_\_\_\_ Did/Do they spend less time with friends or family because of the addiction;
- \_\_\_\_\_ Did/Does the addiction cause the separation or divorce;
- \_\_\_\_\_ Did/Does the addiction cause instances of violence or fights;
- \_\_\_\_\_ Did/Do they drive while intoxicated? If yes, how often: \_\_\_\_\_
- \_\_\_\_\_ Did/Do they drink and then do something physically dangerous? If yes, please describe:

\_\_\_\_\_

Do/Does you spouse/co-parent attend AA or NA or a similar program? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

28. Have you or your spouse/co-parent ever accuse another of sexual abuse or physical abuse of a child or adult? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

29. Has there been any involvement of Missouri Division of Family Services (DFS) or any other equivalent children's services agency outside of Missouri with your family? If yes, was there an investigation, who were the caseworkers and what was the result of the investigation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. Do you or your spouse/co-parent/significant other have a history of any physical or sexual abuse of an adult or child? If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

31. Have your children ever been examined or questioned on the issue of physical or sexual abuse? If yes please explain:

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32. Has any school ever reported a problem of excessive absence, excessive tardiness, low grades, performance below abilities, poor behavior, withdrawn behavior, or missed homework in regard to any of the child(ern) subject to this case? If yes, please explain:

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33. Have you ever physically struck/hit or verbally abuse the child(ren) subject to the case? \_\_\_\_\_ If yes, explain:

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34. Has your spouse/co-parent physically struck/hit or verbally abuse the child(ren) subject to the case? \_\_\_\_\_ If yes, explain:

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35. Have your child(ren) ever resided with a third party (grandparent, foster parent, other relative, etc.), if so, when, why and for how long?

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36. If a visitation/parenting plan is in place, how have the child(ren) adjusted to the plan? If problems, please describe:

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37. Where do you and the spouse/co-parent exchange custody of the children?

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Have the police ever been involved in custody/visitation transfer? \_\_\_\_\_

38. Have you or the other parent ever been required to participate in supervised visitation? \_\_\_\_\_  
If yes, what was the reason for the supervised requirement, who was the supervisor and what were the terms of the visitation?

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39. Does the child(ren) subject to this case have a discipline problem at home? If yes, please explain:

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40. Describe you method(s) of disciplining the child(ren) subject to this case:

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41. Who is your child(ren)'s pediatrician? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

42. Please provide a complete description of the physical health of each of the child(ren) subject to this case including a description of any chronic illness, disability, and medical condition which required hospitalization in excess of three days, and/or medical conditions which require medication in excess of three weeks.

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43. Do the child(ren) subject to this case have a juvenile criminal record, if yes, explain:

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44. Do the child(ren) subject to this case have a history of drug or alcohol use and/or abuse, if yes, please explain:

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45. Is there any religious dispute involving the child(ren) or the child(ren)'s upbringing in this case? If yes, please explain:

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46. In your own words, summarize your concerns regarding the child(ren)'s and why an Guardian ad Litem is necessary in this case:

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48. Please provide the following if you deem necessary for the Guardian ad Litem to effectively represent the best interest of the child(ren) subject to this case:

- a. Copy of your driver's license, if you not have a driver's license, please state below the reason why and the date and state of the last driver's license you possessed.
- b. Copy of last years final report card and the most recent report card from school is year.
- c. Copy of all visitation/parenting plans regarding the children with the spouse/co-parent.
- d. Copy of the name of police department and reports if police have been necessary in the exchange of custody/visitation with child(ren).

I hereby state that I am aware that the Guardian Ad Litem will rely on this information to make a recommendation to the Court and that all information provided herein is true and correct to the best of my knowledge and information:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_