

NINTH JUDICIAL CIRCUIT OF ILLINOIS

Child Representative Required Information Form

Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Fax: _____ Email: _____

Child Representative Training

Have you received the required training? [] Yes [] No

If no, are you interested in the training? [] Yes [] No

List the continuing education courses you have completed in the past two years, including local circuit programs, that cover areas of child development, roles of guardian ad litem and child representative, ethics in allocation of parental responsibilities and parenting time case, relevant substantive law, family dynamics including substance abuse, domestic abuse, and mental health issues. Attach additional sheet if necessary.

Table with 3 columns: Course, Date, CLE Hours. Includes five horizontal lines for data entry.

Are you interested in being on the child representative list for the Ninth Judicial Circuit? [] Yes [] No

Are you interested in being on the child representative list for guardian ad litem or child representative of a minor child in a contested guardianship or dissolution proceeding for the Ninth Judicial Circuit? [] Yes [] No

Do you understand and agree that as a condition of being on the list for the Ninth Judicial Circuit, you may be required to handle one pro bono appointment annually within the Ninth Judicial Circuit? [] Yes [] No

I verify under penalties of perjury that the above information is true and correct.

Signature: _____ Date: _____

Return to: Office of the Chief Judge, 130 S. Lafayette, Suite 30, Macomb, IL 61455
Phone: 309/837-9278, Fax: 309/833-3547