

**APPLICATION FOR APPOINTMENT AS GUARDIAN *ad Litem*,
ATTORNEY FOR CHILD, and CHILD REPRESENTATIVE
In Allocation of Parental Responsibilities and
Parenting Time and Relocation Cases
16th Judicial Circuit, Kane County**

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____ Email: _____

1. I am an attorney licensed by the State of Illinois. ARDC#: _____
2. Has your license to practice any profession ever been suspended or revoked in any jurisdiction?
 Yes No
 (If "Yes", please attach a detailed statement of the facts and the circumstances, and the disposition.)
3. Do you currently have professional liability insurance coverage in effect? Yes No
 (Please attach a copy of the face sheet of your policy.)
4. Have you attended a Guardian ad Litem training program which meets the qualifications of Supreme Court Rules 906 and 907? Yes No
 (Please attach a copy of the certificate of completion.)
5. Do you have a minimum of three (3) years (or are you an associate with a firm which has a qualified attorney), experience in the practice of Family Law? Yes No
6. I have completed the following continuing legal education courses within the past 2 years, covering areas of child development, roles of Guardian ad Litem and Child representative, ethics in allocation cases, relevant substantive law, domestic violence, and family dynamics:

Course	Date	CLE Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. I understand that I have an affirmative obligation to obtain ongoing Continuing Legal Education and to maintain professional liability insurance coverage which covers my practice as a Guardian ad Litem, Child's Representative, or Attorney for a child.
8. I understand that as a condition of being on the list of the 16th Judicial Circuit, I may be required to handle one *pro bono* appointment annually, as well as have the court set my hourly rate (low bono) on a per case basis in accordance with the means of the respective parties and issues involved in the respective litigation.
9. I understand that I shall not file an appearance or accept the appointment by any judge in the 16th Judicial Circuit unless I am a member in good standing with the ARDC, am current with my GAL CLE education requirements, and have valid professional liability insurance.
10. I charge the following rate for services performed in the capacity of GAL: \$ _____

Signature

Date

Approved: _____
Presiding Judge