

IN THE INTEREST OF:

Case No. _____

**GUARDIAN AD LITEM
CHECKLIST**

_____,
A Juvenile.

_____, was appointed as Guardian ad Litem by this Court
on _____, for the minor child(ren) involved in this matter.

Date of Report: _____

Date of Hearing: _____

Type of Hearing: _____

1. IDENTIFYING INFORMATION

Mother: _____

Father: _____

Legal Custodian: _____

Child(ren): _____

Child's Name	DOB	Age (at time of report)	Placement

2. CONTACT WITH CHILD(REN) SINCE LAST HEARING

Since the date of the last hearing, if any, I have had the following contact with the child(ren):

Date of Contact	Child Contacted	Type of Contact & by Whom (In-person, Phone, other)

If no contact has been made, please explain why:

3. PERSONS AND OTHER RESOURCES CONTACTED SINCE LAST HEARING:

Since the date of the last hearing, if any, I have contacted the following person and/or other resources, including caseworkers, physicians, psychologist, parents, foster parents and teachers, in an effort to learn information about the child(ren)'s and family's circumstances and progress:

Date of Contact	Person or Resource Contacted	Title or Agency Name

4. DOCUMENTS REVIEWED SINCE LAST HEARING:

Date of Document	Document Type/Title

5. SUMMARY OF INFORMATION AND CONTACTS:

Based upon my contact with the child(ren), contact with others, and review of documents since the date of the last hearing, if any, following is a summary of the relevant information and concern(s) about the child(ren) or family situation:

6. RECOMMENDATIONS:

As Guardian ad Litem, I find that reasonable efforts have been made by the Nebraska Department of Health and Human Services for the child(ren) to return to the parental home: YES NO If not, why?

As Guardian ad Litem, I find that the child(ren) would be at risk of harm if the child(ren) returned to or remained in the parental home at this time, and recommend removal or continued removal by the Court from the parental home: YES NO

As Guardian Ad Litem,

 I am in agreement with the recommendations made by the Nebraska Department of Health and Human Services

 I disagree with the following recommendations made by the Nebraska Department of Health and Human Services:

As Guardian ad Litem, I recommend to the Court the following additional requirements be court ordered:

7. ADDITIONAL COMMENTS:

Signature: _____ Date: _____
Printed Name: _____
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____

If completed by an attorney: Bar Number: _____

Cc: