

THE STATE OF NEW HAMPSHIRE
Guardian ad Litem Board

APPLICATION
for
CERTIFICATION

Instructions:

1. Applicants must submit both this Application Form and the Supplemental Application for Certification Form as well as all required supporting documentation and applicable fees.
2. Fill in all sections with the requested information. Applicant must fill in "NA," if question is not applicable.
3. Attach additional sheets if necessary.

Part A: Personal Data

1. Full Name _____
 2. Maiden Name (if applicable) _____ N/A
 3. Other names by which you have been known at any time _____

_____ N/A
 4. Dates that the foregoing names (in 3. above) were used _____ N/A
 5. Applicant is (check one) Male Female
 6. Address of the Applicant's GAL Business

 7. Mailing Address, if different, of the Applicant's GAL Business (Will appear on all GAL contact lists)

 8. E-Mail Address of the Applicant's GAL Business (Will appear on all GAL contact lists) _____ N/A
 9. Telephone Number of the Applicant's GAL Business (required) (Will appear on all GAL contact lists)

 10. Language(s) other than English, including sign language, that applicant speaks _____ N/A
 11. Does applicant possess a valid driver's license? Yes No
 12. Does applicant have access to reliable transportation? Yes No
- If yes, check one: The transportation is
Public Private

13. Check the courts or counties in which applicant would be willing to serve as a GAL.

	Superior	Probate	District (specify which)	Family Division (specify which)
Belknap				
Carroll				
Cheshire				
Coos				
Grafton				
Hillsborough	N <input type="checkbox"/> S <input type="checkbox"/>			
Merrimack				
Rockingham				
Strafford				
Sullivan				

14. Description of each community activity in which applicant is currently involved.

15. Description of all volunteer work in which applicant has been engaged within the past 7 years. Include dates for each.

16. The name of any organizations (other than employment) of which applicant has been a member at any time within the past 7 years.

Part B: Employment History

1. Name of applicant's present employer, if any, including self employment

2. If applicant is not presently employed, check which applies N/A

Retired If so, from what occupation_____

Collecting unemployment compensation

Full-time student

Full-time homemaker

Otherwise not employed: explain_____

3. If the applicant is presently employed, provide the following: N/A

a. Address and telephone number of present employer _____

b. Date on which applicant began employment with present employer _____

c. Applicant's present job title _____

d. Applicant's present employment is (check one) Full-time Part-time

e. May applicant be contacted by this Board at work? Yes No

f. May this Board contact applicant's present employer about this application?
Yes No

4 – 8. Fill in chart below with information regarding any other employment, full- or part-time, within the last 7 years.

Name of Employer	Address	Dates of Employment	Job Title	Full- or Part-Time?	May Board contact about this application? Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

Part C: Education/Experience

1 – 4. Provide the following information regarding any accredited undergraduate and graduate college or university, including law school.

College	Address	Dates of Attendance	Date of Graduation	Type of Degree	Major & Minor Courses of Study

5. If the applicant possesses a Bachelor's degree from an accredited college or university, does the applicant possess at least 3 years of experience in professional or volunteer activities dealing with children or incapacitated adults consisting of at least 200 hours of experience in each year?
 Yes No N/A
6. If the applicant possesses an Associate's degree from an accredited college or university, does the applicant possess at least 5 years of experience in professional or volunteer activities dealing with children or incapacitated adults consisting of at least 200 hours of experience in each year?
 Yes No N/A
7. If the applicant possesses an advanced degree beyond a Bachelor's degree from an accredited college or university for which a bachelor's degree is a prerequisite, does the applicant possess at least 1 year of experience in professional or volunteer activities dealing with children or incapacitated adults consisting of at least 200 hours of experience in each year?
 Yes No N/A

Part D: Guardian ad Litem Training

1. Has applicant completed GAL training offered by the NH Superior Court prior to January 1, 2004?
 Yes No
2. Has applicant completed training offered by CASA?
 Yes No
3. Provide the following information about the training required by Gal 303.02 (b) (1) and (c).
(Note: General Training and at least one Specific Court Training are required.)

Type of Course	Date of Course
General Training	
Specific Court Training: District	
Specific Court Training: Superior	
Specific Court Training: Probate	

4. Provide the following information about the in-court training required by Gal 303.02 (b) (2).

Date	Time Spent	Court	Case Type

Total Time: _____

Part E: Other Experience

1. Has applicant ever been appointed a guardian ad litem in this or any other jurisdiction?

Yes No

2. If the answer to question 1 is Yes, provide the following information:

State Where Appointed	Court or Other Entity that Appointed Applicant

3. If applicant is not an attorney, in how many family law cases has applicant been involved in the capacity of a witness, representative or decision maker? _____ N/A

Describe applicant’s role in each case.

4. If applicant is an attorney, how many years has applicant practiced in the area of family law?

_____ N/A

5. List any related educational experiences engaged in by applicant, including the dates of such experience.

Part F: Professional Record and Ethics

1. Has applicant ever been licensed, registered or certified by any certifying Board?

Yes No

2. If the answer to question 1 is Yes, provide the following information:

Name of Certifying Board	Address of Certifying Board	Date of Registration, Certification or Licensure

3. Does applicant currently hold any professional licenses, certifications, or registrations of any type other than those listed in question 1, and other than bar memberships?

Yes No

4. If the answer to question 3 is Yes, provide the following information: N/A

Name & Address of Issuing Organization, Association, Agency or Other Entity	Date First Licensed, Registered or Certified	Date, if any, of Expiration of License, Registration or Certification

5. Is applicant a member, licensee, registrant or certified party in good standing of each organization, association, agency or other entity listed in question 4?
 Yes No N/A

6. Is applicant a member of the bar in any state? Yes No

If yes, provide the following information:

State	Date of Admission

7. List any additional professional affiliations held by applicant and any additional professional associations of any type of which applicant is a member. N/A

8. Has applicant ever been disbarred, or ever suspended from the practice of any profession, reprimanded, censured, had certification, registration, or licensure in any profession revoked, or otherwise been disciplined, sanctioned, or disqualified from professional practice of any type by any professional organization or other entity supervising or overseeing a profession in this or any other jurisdiction, without such action being subsequently overturned or reversed on appeal?
 Yes No

9. If the answer to question 8 is Yes, provide the following: (attach additional sheets if needed) N/A

a. Name, address and telephone number of the organization or entity taking such action

b. Type of action taken _____

c. Date of action _____

10. Has applicant ever had an appointment as a GAL in this or any other jurisdiction revoked without such action being subsequently overturned or reversed on appeal?

Yes No

11. Has applicant ever had an appointment as a GAL in this or any other jurisdiction suspended without such action being subsequently overturned or reversed on appeal?

Yes No

12. Except as otherwise addressed above, has applicant ever been disciplined, reprimanded or sanctioned for any activity undertaken as a GAL in this or any other jurisdiction without such action being subsequently overturned or reversed on appeal?

Yes No

13. Has applicant ever had an application for license, certification, registration or approval to practice as a GAL denied in a jurisdiction other than New Hampshire?

Yes No

14. If any answer to questions 10 – 13 is Yes, provide the following information: N/A

Question # (10, 11, 12, 13)	Name of court or other authority taking action	Date of action

15. Has applicant ever been subject to a fine pursuant to RSA 490:26-g for failure to file a report required by any court or statute by the date the report was due? Yes No

If yes, provide the following:

Court which imposed the fine	Date of the Fine	Amount of Fine

Part G: Other Information

1. Has applicant ever been a party to any family law or domestic relations proceeding, or any other non-criminal court case, proceeding or action of any type, in this or any other jurisdiction, including but not limited to any civil, equity, land-lord/tenant, probate, bankruptcy, forfeiture or other action, proceeding or matter of any type whatsoever, other than traffic or parking offenses charged as a violation or cases in which the person served solely in the capacity of a guardian ad litem?

Yes No

2. If the answer to question 1 is Yes, provide the following information: N/A
- a. Name and docket number of the case_____
 - b. Name of the court in which the matter was pending_____
 - c. Date the matter was initiated_____
 - d. Description of the nature of the case_____
- _____
- _____
- _____
- e. Is the matter still pending? Yes No

3. Does applicant possess other or additional specialized knowledge, training, experience or skills not otherwise specified in this application that he or she believes would be of assistance in carrying out GAL duties?
 Yes No

If yes, describe the knowledge, training, experience or skill.

4. Has applicant ever been denied certification by the GAL Board? Yes No
- If Yes, provide date of and reason for denial _____

5. Has applicant ever been previously certified by the GAL Board? Yes No

If yes, provide the following information:

- a. Date of certification_____
- b. Expiration date of certification or the date on which certification expired, lapsed, was terminated, was surrendered or otherwise ended_____
- c. Reason certification ended_____

Part H: References

Provide the following information about the three (3) individuals submitting letters of reference in support of this application:

Name	Relationship [See Gal 302.04 (f)(1)]	# Years Known
1.		
2.		
3.		

Signature Certification

I certify that

- The information provided by me on or in connection with this application form is, to the best of my knowledge and belief, true, accurate and complete and the documentation provided in support of the application is a true and complete version of the documentation submitted;
- I acknowledge that the information provided on the application form and the documentation provided to support the application is public information except to the extent exempted from public disclosure pursuant to RSA 91-A, court order, RSA 490-C or orders issued thereunder;
- I also specifically acknowledge that any and all information submitted to the Board may be divulged by the Board to any potential appointing court as well as to such other entities or persons as provided by the GAL rules or other law, including the New Hampshire judicial branch family division;
- I further acknowledge that pursuant to RSA 641:3, knowingly making a false representation on the application form is punishable as a misdemeanor.

Signature

Date

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.