

THE STATE OF NEW HAMPSHIRE  
Guardian ad Litem Board

**SUPPLEMENTAL APPLICATION**  
for  
**CERTIFICATION**

*Instructions:*

1. Applicants must submit both this Supplemental Application for Certification Form and the 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.

a. Full Name \_\_\_\_\_

b. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

c. Street Address of Applicant's Residence

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

d. Home Telephone Number \_\_\_\_\_

e. Other Telephone Numbers not listed elsewhere (if any) \_\_\_\_\_ N/A

f. Provide the following information: N/A

<b>Names of <u>past</u> employers (full- or part-time) in last 7 years (From Part B of Application for Certification)</b>	<b>Reason for leaving each employment</b>

g. Regardless of whether the action was reversed or overturned on appeal, has applicant has ever

i. Been disbarred or ever suspended from practice of any profession?

Yes  No

ii. Been 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 a professional organization or other entity supervising or overseeing a profession in this or any other jurisdiction?

Yes  No

iii. Had his or her certification, registration, approval or appointment as a GAL in any jurisdiction revoked or suspended as the result of misconduct in the performance of his or her duties as a guardian ad litem or as the result of failure to be of good character?

Yes  No

iv. Otherwise been disciplined, reprimanded or sanctioned for activity undertaken as a guardian ad litem?

Yes  No

h. If any portion of question g. is yes, provide a **brief** summary which includes: N/A

i. A description of the facts giving rise to the action.

ii. A description of the reason for such action, including whether it was claimed applicant engaged in misconduct in performance of his or her GAL duties or that applicant was not of good character.

iii. The procedural history of the matter, including whether the action was reversed or overturned on appeal.

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i. Has applicant ever been a defendant in any criminal proceeding or been charged with or arrested for any criminal matter in this or any other jurisdiction, which has not been annulled?

Yes  No

j. If the answer to question i. is Yes, provide the following information for each case or matter: N/A

	Case 1	Case 2
Name & Docket # <i>(or other identifying information)</i>		
Jurisdiction & Name of Court (if any)		
Date Matter Initiated		
Each Offense Charged or for which arrested**		
Felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If misdemeanor, would or did conviction or guilty plea bring the total number of applicant's misdemeanors to more than two?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved Child or Incapacitated Adult as victim or intended victim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved Domestic Violence as defined in RSA 173-B:1, I & IX (including attempt, conspiracy or solicitation to commit that offense) <i>[For offenses outside NH, would offense constitute Domestic Violence as defined above (including attempt, conspiracy or solicitation to commit that offense), if committed in, or charged under the laws of, NH]?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Matter Still Pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

*\*\*If offense or matter involved "attempt," "conspiracy," or "solicitation," also indicate the underlying offense.*

Provide a procedural history of each case or matter, including whether there was a conviction or guilty plea, and any appellate history of the matter.

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k. Provide the following information regarding the three individuals (listed in "Part H: References" of Application for Certification form) submitting letters of reference in support of this application.

Name	Address	Telephone Number
1.		
2.		
3.		

l. Does applicant know of any reason, other than a potential conflict of interest, why he or she should not be appointed as a guardian ad litem? Yes  No

If yes, provide an explanation of those reasons \_\_\_\_\_

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m. Has applicant ever been subject to a restraining order in this or any other jurisdiction?

Yes  No

If Yes, provide the following information

1. Name and docket number of the case\_\_\_\_\_

2. Jurisdiction and name of the court in which the matter was pending

\_\_\_\_\_

3. Date the restraining order was issued\_\_\_\_\_

4. Description of the circumstances giving rise to the order

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Procedural history of the case\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is the matter still pending? Yes  No

n. Has applicant ever been held in contempt of court in this or any other jurisdiction?

Yes  No

If Yes, provide the following information

1. Name and docket number of the case\_\_\_\_\_

2. Jurisdiction and name of the court in which the matter was pending

\_\_\_\_\_

3. Date of the contempt finding\_\_\_\_\_

4. Description of the circumstances giving rise to the finding of contempt

\_\_\_\_\_

\_\_\_\_\_

5. Procedural history of the case\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is the matter still pending? Yes  No

o. If applicant answered Yes to Part F, Question 13 of the Application for Certification (regarding whether application for license, certification, registration or approval to practice as a guardian as litem was denied in a jurisdiction other than New Hampshire), provide the following information: N/A

1. Name and address of entity taking the action\_\_\_\_\_

2. Description of the facts giving rise to the action

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

3. Description of the reason for the action\_\_\_\_\_

\_\_\_\_\_

4. Procedural history of the matter

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

5. Whether the ground for the denial was subsequently superceded by the granting of an application? Yes  No

p. Has applicant completed and attached hereto a “Log of Professional or Volunteer Experience” dealing with children or incapacitated adults? Yes  No

q. Has applicant ever been subject to a report of child abuse or neglect in this or any other jurisdiction? Yes  No

If Yes, provide the following information:

1. Jurisdiction in which report was issued\_\_\_\_\_

2. Date of the report\_\_\_\_\_

3. Description of the circumstances to which report related

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

4. Outcome of the matter, including whether report was determined to be founded

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

r. If applicant was previously certified by the Board, did applicant accept at least one publicly funded case for each calendar year of the most recent certification? (*See Gal 503.18*)                      Yes                No   

If No, provide the reasons.

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**Signature Certification**

I certify that

- The information provided by me on or in connection with the supplemental 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 supplemental 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 supplemental 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.**