

THE STATE OF NEW HAMPSHIRE  
Guardian ad Litem Board

## APPLICATION CHECKLIST

*(Include this list when submitting your application. This is a synopsis/checklist only. Consult Chapter Gal 300 of the Board's administrative rules for specific requirements relative to new applications)*

ALL FORMS ARE LOCATED ON THE BOARD'S WEBSITE. [www.nh.gov/gal](http://www.nh.gov/gal)

I. Name of Applicant \_\_\_\_\_

II. \_\_\_\_\_ Application Fee - \$75: Payable to "State of New Hampshire: GAL Board"

III. \_\_\_\_\_ "Application for Certification" (Form 3): Original + 3 Copies

\_\_\_\_\_ Signed & Dated

IV. \_\_\_\_\_ "Supplemental Application for Certification" (Form 4A) m (with "Log of Professional or Volunteer Experience"): Original + 3 Copies

\_\_\_\_\_ Signed & Dated

V. Required Supporting Materials – (do not attach to application forms)

\_\_\_\_\_ A. Proof of Associate's Degree or higher

\_\_\_\_\_ B. Criminal Records Release (Form 30)

\_\_\_\_\_ Signature Notarized

\_\_\_\_\_ C. Check for \$25 payable to "State of New Hampshire: Criminal Records"

\_\_\_\_\_ Signed

\_\_\_\_\_ D. Original Central Registry confirmation (Form 6)

\_\_\_\_\_ E. "Written Submission" essay (Form 32) : Original + 3 Copies

\_\_\_\_\_ Separate from other documents and labeled "Written Submission"

\_\_\_\_\_ 200 to 500 words

\_\_\_\_\_ In typescript

\_\_\_\_\_ Describes reasons for desire to serve as GAL; Specifies personal qualities or experiences believed to enable successful GAL work; Describes reasons to conclude person is of good character; Written in clear, succinct, understandable style

\_\_\_\_\_ F. Three positive letters of recommendation (Form 7)

\_\_\_\_\_ Addressed directly to the GAL Board

\_\_\_\_\_ Dated within one year prior to submission

\_\_\_\_\_ Containing information and written by individuals specified in Gal 302.04  
(f). *Note: For convenience in providing references, a reference form is available from the Board*

\_\_\_\_\_ G. **Copy of Photo ID or other government document with photo, name and DOB**

\_\_\_\_\_ H. **Waiver of Confidentiality** (*Form 5*)

\_\_\_\_\_ Signed

\_\_\_\_\_ I./J. If a YES answer to Part F, question 8 of the Application for Certification Form OR if a YES answer to question g. i. or ii. of the Supplemental Application for Certification Form: Copy of order, decision or writing, together with copy of any subsequent order, decision or writing overturning, lifting or reversing determination

\_\_\_\_\_ K./L. If a YES answer to Part F, questions 10, 11, 12, 13 or 15 of the Application for Certification Form OR if a YES answer to Question g., iii. or iv. of Supplemental Application for Certification Form: Copy of order, decision or writing together with copy of any subsequent order, decision or writing overturning, lifting or reversing determination

\_\_\_\_\_ M./N. If a YES answer to Question m. of the Supplemental Application for Certification Form: Copy of restraining order, together with copy of any subsequent order or decision reversing, modifying or overturning the restraining order

\_\_\_\_\_ O.P. If a YES answer to Question n. of the Supplemental Application for Certification Form: Copy of the writing or transcript of portion of proceeding holding the applicant in contempt, together with copy of any subsequent order or decision reversing, modifying, lifting or overturning the finding

\_\_\_\_\_ Q. **Copies of certificates of attendance at the GAL general and area-specific training courses required for certification dated within 3 years of application.**

\_\_\_\_\_ R. If this is a new certification in circumstances described in Gal 401.06 (*Form 15*) (*i.e. if the applicant was formerly certified; if this certification request is made more than 90 days after the expiration of prior certification; if no settlement or agreement is in effect; if prior expiration did not occur while under suspension; and if prior certification was not revoked*):

\_\_\_\_\_ Copies of certificates of attendance relative to the *retaking* of GAL general and area-specific training courses required for certification

\_\_\_\_\_ Signed, written statement containing information required by Gal 401.06

Send Application Materials to:

Guardian ad Litem Board  
State House Annex – Room 120  
25 Capital Street  
Concord, NH 03301 – 6312

**Questions: Call (603) 271-1199 or email: [gal.board@nh.gov](mailto:gal.board@nh.gov)**