

THE STATE OF NEW HAMPSHIRE  
Guardian ad Litem Board

GAL Form 3  
7/29/13

**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):
3. Other names by which you have been known at any time:
4. Dates that the foregoing names (in 3. above) were used:
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)
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:

11. Does applicant possess a valid driver's license?                      Yes                      No

12. Does applicant have access to reliable transportation?                      Yes                      No

a. If yes, check one: The transportation is                      Public                      Private.

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

a. Family Division

Berlin	Brentwood	Claremont
Colebrook	Concord	Conway
Derry	Dover	Franklin
Goffstown	Haverhill	Hillsborough
Hooksett	Laconia	Lancaster
Lebanon	Littleton	Manchester
Merrimack	Nashua	Newport
Ossipee	Plymouth	Portsmouth
Rochester	Salem	

b. Probate Division

Brentwood	Concord	Dover
Haverhill	Keene	Laconia
Lancaster	Nashua	Newport
Ossipee		

c. Superior Division

Belknap	Carroll	Cheshire
Coos	Grafton	Hillsborough North
Hillsborough South	Merrimack	Rockingham
Strafford	Sullivan	

d. District Division

Berlin	Brentwood	Candia
Claremont	Colebrook	Concord
Conway	Derry	Dover
Franklin	Goffstown	Haverhill
Hillsborough	Hooksett	Jaffrey/Peterborough
Keene	Laconia	Lancaster
Lebanon	Littleton	Manchester
Merrimack	Milford	Nashua
Newport	Ossipee	Plaistow
Plymouth	Portsmouth	Rochester
Salem		

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

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

**Part C: Education/Experience**

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

<b>College</b>	<b>Address</b>	<b>Dates of Attendance</b>	<b>Date of Graduation</b>	<b>Type of Degree</b>	<b>Major &amp; Minor Courses of Study</b>

2. 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

3. 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

4. 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. The dates of the training must be within 3 years of the application.)*

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



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

<b>Name of Certifying Board</b>	<b>Address of Certifying Board</b>	<b>Date of Registration, Certification or Licensure</b>

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:

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

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.

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)

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



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**

1. 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.

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Signature

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Date

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Print Name

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