

INITIAL AFFIDAVIT
AFFIDAVIT OF GUARDIAN AD LITEM REQUESTING TO BE PLACED
ON THE APPROVED LIST OF GUARDIANS AD LITEM
(FOR USE ON OR AFTER SEPTEMBER 1, 2012)

Name _____ Mo. Bar # _____
 First MI Last

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

- _____ I prefer appointments to juvenile court cases only
- _____ I prefer appointments for family/domestic cases only
- _____ I prefer appointments in both juvenile and domestic matters

I hereby certify that:

_____ 1. I have completed at least eight hours of continuing legal education devoted to guardian ad litem training which included the required training on permanency planning.

ADDITIONAL REQUIREMENTS:

_____ 2. I understand that I must complete three hours of approved CLE devoted to GAL training annually (hours count toward mandatory CLE hours) to remain on the list.

_____ 3. I understand that I must submit an annual affidavit of training by September 1 of each year in order to remain on the list.

I agree to comply with the Standards for Guardians ad Litem in Missouri Juvenile and Family Court matters of September 1, 2011.(see: www.16thcircuit.org/attorneys for standards). I certify that I am a member of the Missouri Bar in good standing.

I hereby swear or affirm that the information given is, to the best of my knowledge accurate and complete.

Signature

Date

Return to Deputy Court Administrator's Office – Family Court Division, 625 E. 26th Street, Kansas City, MO 64108. Facsimile 816-435-4844