ANNUAL AFFIDAVIT OF TRAINING

REPORT OF GUARDIAN AD LITEM TO REMAIN

ON APPROVED LIST OF GUARDIANS AD LITEM

*TO BE SUBMITTED BY AUGUST 1*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mo. Bar #\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I desire to remain on the Jackson County Circuit Court’s approved list of guardians ad litem.

\_\_\_\_\_\_\_ I prefer appointments for juvenile court cases only

\_\_\_\_\_\_\_ I prefer appointments for family/domestic court cases only

\_\_\_\_\_\_\_ I prefer appointments for juvenile and family/domestic court cases

I hereby certify that I have:

\_\_\_\_\_\_\_\_\_\_ completed at least three hours of approved continuing legal education devoted to guardian ad litem training within twelve months prior to the end of the reporting period which is June 30 each year. Attach Form 1 (including both sides) “Missouri Minimum Continuing Legal Education – Attorney’s Annual Report of Compliance” to demonstrate satisfaction of this requirement. (NOTE: in the event that the course title is not obviously related to the GAL training required by the standards, include an explanation of the course along with Form 1.)

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](http://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 Court Administrator’s Office – Family Court Division, 625 E. 26th Street, Kansas City, MO 64108 by August 1. Facsimile 816-435-4844**