

**Application by Sponsor  
For Approval of Continuing Legal  
Education Program as Guardian ad Litem Training**

Sponsor Name \_\_\_\_\_

Address \_\_\_\_\_  
P.O. Box/Street City/State Zip

E-Mail \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

(1) Title of Program or Activity: \_\_\_\_\_

(2) Date(s): \_\_\_\_\_

(3) Location(s) of Program (city, state/live teleconference/live webcast): \_\_\_\_\_

(4) The Missouri Bar has approved this for \_\_\_\_\_ credit hours

(5) Circle the area(s) of specialized training covered

- (a) Dynamics of child abuse and neglect issues;
- (b) Factors to consider in determining the best interests of the child, including the required permanency planning and the child's right to be with his or her family;
- (c) Inter-relationships between family system, legal process and the child welfare system;
- (d) Federal, state and local legislation and case law affecting children;
- (e) Cultural and ethnic diversity and gender-specific issues;
- (f) Family and domestic violence issues;
- (g) Available community resources and services;
- (h) Child development issues; and
- (i) Guardian ad litem standards.

(6) attach approval document from the Missouri Bar which details the approved CLE hours and the course ID number.

(7) Total GAL credit hours requested: \_\_\_\_\_.

**RETURN THE COMPLETED FORM TO:**

**Court Administrator's Office  
Family Court Division  
625 E. 26<sup>th</sup> Street.  
Kansas City, MO 64108  
Fax: 816-435-4844**

For Jackson County Family Court Use Only

\_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied**  
Total Credit Hours \_\_\_\_\_

**Returned** for additional information. Complete item(s) on form indicated by the number(s) circled:

**1 2 3 4 5 6 7**

Date: \_\_\_\_\_

By: \_\_\_\_\_

Notes: \_\_\_\_\_