

ANNUAL AFFIDAVIT OF TRAINING
REPORT OF GUARDIAN AD LITEM WHO IS
ON THE APPROVED LIST OF GUARDIANS AD LITEM

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 I:

_____ 1. have completed at least three hours of approved continuing legal education devoted to guardian ad litem training within the twelve months prior to the end of reporting period which is July 31 each year.

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