## INITIAL AFFIDAVIT AFFIDAVIT OF GUARDIAN AD LITEM REQUESTING TO BE PLACED ON APPROVED LIST OF GUARDIANS AD LITEM

Name	Mo. Ba	ar #
Address_		
Phone	Fax	
E-mail		
I desire to	to be placed on the Jackson County Circuit Court's appro	ved 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	c court cases
I hereby o	certify that:	

1. I have completed at least eight hours of approved continuing legal education devoted to guardian ad litem training which included the required training on permanency planning. 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 the Form 1.) If this affidavit is submitted before the Form 1 is available, attach a certificate of completion for or the agenda from the GAL training.

## 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 August 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: <u>www.16thcircuit.org/attorneys</u> 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. 26<sup>th</sup> Street, Kansas City, MO 64108. Facsimile 816-435-4844