

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

Name _____ **Mo. Bar #** _____
(Required)

Address _____
P.O. Box/Street City/State Zip

E-Mail _____

Telephone No. _____ Fax No. _____

(1) Title of Program or Activity: _____

(2) Sponsor Name: _____

(3) Date(s): _____

(4) Location(s) of Program (city, state/live teleconference/live webcast): _____

(5) The Missouri Bar has approved this for _____ credit hours

(6) Circle the area(s) of specialized training covered (or use check marks)

- (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.

(7) Include a copy of the brochure detailing the approved CLE hours. If that is not available, include the Form 1 or other materials from the Missouri Bar which detail the approved CLE hours.

(8) **Total GAL credit hours requested:** _____.

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

Signature

Date

RETURN THE COMPLETED FORM TO:

**Court Administrator's Office
Family Court Division
625 E. 26th 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 8

Date: _____

By: _____

Notes: _____