

**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 (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.

(6) Attach Form 6 from the Missouri Bar approving the seminar for CLE credit.

(7) Total GAL credit hours requested: _____.

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

Date: _____

By: _____

Notes: _____