

**SKAGIT COUNTY SUPERIOR COURT
GUARDIAN AD LITEM APPLICATION**

TITLE 11.88 _____

TITLE 26 _____

(Please check which Title applying for)

CONTACT INFORMATION

LAST NAME	FIRST NAME	MIDDLE	DATE
BUSINESS NAME OR FIRM			
STREET AND MAILING ADDRESS			CITY STATE ZIP
BUSINESS PHONE			
RETAINER AMOUNT		COMMENTS	
HOURLY RATE		COMMENTS	

EDUCATION

LEVEL AND LOCATION OF FORMAL EDUCATION (ATTACH DETAILED RESUME - MANDATORY)

CERTIFIED GUARDIAN AD LITEM TRAINING

DATE AND TYPE OF INITIAL TRAINING

DATE AND TYPE OF ANNUAL REFRESHER TRAINING (ATTACH COPY)

OTHER FORMAL TRAINING/CERTIFICATIONS/LICENSES (INCLUDE DATE AND TYPE)

RELEVANT EXPERIENCE

PUBLIC PAY APPOINTMENTS THIS YEAR (LIST NAME & CASE NUMBER)

LIST OTHER EQUIVALENT EXPERIENCE

NUMBER OF YEARS AS A GUARDIAN AD LITEM	NUMBER OF APPOINTMENTS AS A GUARDIAN AD LITEM
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LIST ALL COUNTIES OF APPOINTMENTS

LIST ANY AND ALL CIRCUMSTANCES OF REMOVAL FROM ANY G.A.L. REGISTRY PURSUANT TO A GRIEVANCE ACTION. PROVIDE NAME OF COURT AND THE CASE NUMBER FROM WHICH YOU WERE REMOVED.

CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
Signed this ____ day of _____, at _____, Washington.

(Signature of Applicant) _____