

# STATE OF VERMONT

**SUPERIOR COURT**

**Unit**

**FAMILY DIVISION**

**Case No.** \_\_\_\_\_

Plaintiff Name	<b>v.</b>	Defendant Name
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## **Guardian ad Litem Pre-trial Proceeding**

### **Activities List**

(domestic cases)

1. I was appointed as the guardian ad litem for the child/children of the parties on \_\_\_\_\_, 20\_\_\_\_.
2. The following is a list of the activities that I have carried out in connection with this case since ☐ My Appointment ☐ My Last Report.

*Check all that apply*

- ☐ Met with the following child/ren who is/are the subject of this case:

Name of Child	Date of Meeting

- ☐ Met with/spoke to the parents or guardian of the child/children:

- ☐ Mother
- ☐ Father
- ☐ Other parent
- ☐ Legal Guardian

- ☐ Observed child/ren with parent

- ☐ Mother
- ☐ Father
- ☐ Other parent
- ☐ Legal Guardian

- ☐ Served as a contact between parent(s) and child/ren
- ☐ Met with/spoke to the following relatives or those with significant relationship with child/ren
- ☐ Grandmother (paternal)
  - ☐ Grandfather (paternal)
  - ☐ Grandmother (maternal)
  - ☐ Grandmother (maternal)
  - ☐ Aunt/Uncle
  - ☐ Other Significant Relationship \_\_\_\_\_
  - ☐ Other relative \_\_\_\_\_
- ☐ Met with or spoke to school/daycare personnel: (releases obtained)
- ☐ Classroom teacher
  - ☐ Special Education Teacher
  - ☐ Special Education Team/IEP
  - ☐ Counselor/Mental Health Professional
  - ☐ School Nurse
  - ☐ Administrator
  - ☐ Daycare Provider
- ☐ Met with or spoke to Child's Health/Medical/Mental Health Professionals (releases obtained)
- ☐ Pediatrician
  - ☐ Mental Health Professional
  - ☐ Other \_\_\_\_\_
- ☐ Met with or spoke to Parent's/Legal Guardian's Health/Medical/Mental Health Professionals (releases obtained)
- ☐ Doctor
  - ☐ Mental Health Professional
  - ☐ Other \_\_\_\_\_

- ☐ Reviewed Records
- ☐ Court Records (including reports such as forensic evaluation or home study)
  - ☐ Medical Records
  - ☐ Educational Records
  - ☐ Other \_\_\_\_\_

☐ Requested Appointment of Attorney for Child/ren pursuant to VRFP 7(e)(6)

☐ Performed the following other duties on behalf of the child/ren as directed by the Court. *Describe other duties below.*

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Respectfully submitted:

\_\_\_\_\_  
Dated

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

cc: Plaintiff or attorney for plaintiff  
Defendant or attorney for defendant