

**PINE TREE LEGAL ASSISTANCE
GAL QUESTIONNAIRE TO BE COMPLETED AT INITIAL INTERVIEW OR OVER THE PHONE**

Name _____

Address _____

Phone _____ Work/Emergency Phone _____

e-mail address _____

DOB _____ Social Security Number _____

Are you represented by an attorney in this family matter? If so, name _____

Marital Status: Single Married Divorced Separated

Marriage Date _____ Date Last Lived Together _____

Number of Children from relationship _____

Name _____ DOB _____

Gender _____ Social security # _____

Name _____ DOB _____

Gender _____ Social security # _____

Name _____ DOB _____

Gender _____ Social security # _____

Where Do the Children Live _____

Other children in the home _____

Name _____ DOB _____

Gender _____ Social security # _____

Name _____ DOB _____

Gender _____ Social security # _____

Has there ever been a court action in Maine, or elsewhere, regarding the custody of your children? (i.e., Protection from Abuse) No Yes

If yes, please list where and when these cases occurred _____

EMPLOYMENT INFORMATION

Name & Address of Employer _____

Dates of Employment _____

Job Title/Duties _____

Gross Weekly Wage _____ Average No. Hours Worked Each Week _____

Does Anyone in Your Household

Receive TANF No Yes

Name(s) _____

Receive Child Support No Yes

Name(s) _____

Receive SSI or SSDI No Yes

Name(s) _____

Have Health Insurance No Yes

Company _____

Receive Medicaid (Maine Care) No Yes

Name(s) _____

Receive Cub Care (Maine Care) No Yes

Name(s) _____

Receive Food Stamps No Yes

Name(s) _____

Would you like information about these programs? No Yes

Do the children attend day care while in your custody? No Yes

If so, please list the name and Phone Number _____

Do the children attend school? No Yes

If so, what is the name and number of the school? _____

Who are your children's teachers? _____

Are your children currently seeing a therapist or counselor? No Yes

If so, please list the name and number of the counselor _____

Have your children ever met with a therapist or counselor in the past? No Yes

If so, please list the name and number of the counselor? _____

Are you or have you seen a counselor/therapist? No Yes

If so, please list their name and number? _____

Have you attended any parenting education classes? No Yes

Have you ever been contacted by the Department of Human Services about your children?
 No Yes

Please list the names, phone numbers and relationship to you of the people with whom you would like me to speak about this case (up to five people).
