

**MINIMUM REQUIREMENTS FOR CONSIDERATION FOR PLACEMENT ON THE  
GUARDIAN AD LITEM, CHILD REPRESENTATIVE, ATTORNEY FOR CHILD  
COURT APPROVED LIST**

To apply and be interviewed for consideration as a Guardian ad Litem (“GAL”), Child Representative (“Child Rep”/“CR”), and Attorney for Child (“AFC”) in the Circuit Court of Cook County Domestic Relations Division, applicants shall meet the following minimum requirements of the Office of the Presiding Judge of the Domestic Relations Division:

1. Submit a completed application provided by the Office of the Presiding Judge of the Domestic Relations Division. The application shall be completed under oath and shall be accompanied by a Verification by Certification pursuant to 735 ILCS 5/1-109, and notarized pursuant to Cook County Circuit Court Rule 13.9.
2. Be licensed to practice law in the State of Illinois, and submit a letter of good standing from the Attorney Registration and Disciplinary Commission (“ARDC”).
3. Submit proof of valid errors and omissions insurance coverage.
4. Submit a current resume.
5. Possess significant litigation experience in parenting time/decision-making, including litigation of temporary allocation issues and;
  - a. have a majority of practice in the area of family law or child welfare or child advocacy for a minimum of five (5) years of the last eight (8) years; OR
  - b. have completed the requirements of the Chicago Volunteer Legal Services Pro Bono Program, pursuant to General Administrative Order 2013 D 13.
6. Submit to an inquiry regarding all areas of the applicant’s past and current profession and/or employment and have no serious disciplinary judgments or actions pending.
7. Be interviewed regarding qualifications by the Domestic Relations Division GAL/CR/AFC Interview Committee.
8. Attend and complete all required training programs conducted by the Office of the Presiding Judge of the Domestic Relations Division.
9. If approved and placed on the Court Approved GAL/CR/AFC List, shall maintain the following minimum ***annual*** requirements:
  - a. Attend a minimum of four (4) CLE trainings provided through the Office of the Presiding Judge. Beginning in 2026, one of these required CLE trainings must include the mandatory Domestic Violence training in October.
  - b. Accept at least one (1) pro bono appointment as a GAL/CR/AFC in the Domestic Relations Division of Cook County through the Office of the Presiding Judge; and
  - c. Promptly inform the Office of the Presiding Judge of the Domestic Relations Division of any convictions, DCFS indicated findings, or formal disciplinary charges before the ARDC.

**APPLICATION FOR THE COURT APPROVED  
GUARDIAN AD LITEM, CHILD REPRESENTATIVE, ATTORNEY FOR CHILD LIST**

The following information is necessary to ensure quality representation of minor children in matters before the Circuit Court of Cook County Domestic Relations Division. Please answer these questions as thoroughly and accurately as possible; upon review and/or completion of an interview, amendments to your answers may be required to become eligible or maintain eligibility for appointment as a GAL/CR/AFC.

**I. BACKGROUND INFORMATION**

1. Full Name: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Business Telephone Number: \_\_\_\_\_
4. Business Address (including name of law firm/practice): \_\_\_\_\_  
\_\_\_\_\_
5. Home Address: \_\_\_\_\_
6. Language(s) in which you are conversant/fluent: \_\_\_\_\_
7. Education:
  1. Undergraduate University: \_\_\_\_\_
    - i. Degree: \_\_\_\_\_
    - ii. Date Received: \_\_\_\_\_
  2. Law School: \_\_\_\_\_
    - i. Certificate/Area of Focus: \_\_\_\_\_
    - ii. Date Received: \_\_\_\_\_
  3. Additional Education: \_\_\_\_\_
    - i. Degree: \_\_\_\_\_
    - ii. Date Received: \_\_\_\_\_

8. Illinois Bar Admission:

1. Date of Admission: \_\_\_\_\_
2. Years of full-time practice: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Years of part-time practice: From: \_\_\_\_\_ To: \_\_\_\_\_

9. Additional State Bar Admission(s):

1. State: \_\_\_\_\_ Date of Admission: \_\_\_\_\_
2. State: \_\_\_\_\_ Date of Admission: \_\_\_\_\_
3. State: \_\_\_\_\_ Date of Admission: \_\_\_\_\_
4. State: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

10. All law firms with which you have been employed and/or associated with:

1. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
3. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
4. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
5. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
6. Firm: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

11. Experience in Domestic Relations Division-related fields (i.e., mental health, education, mediation, parent coordinator, etc.):

1. Field of work: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
2. Field of work: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
3. Field of work: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
4. Field of work: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

12. All bar organizations or professional associations related to the Domestic Relations Division in which you are or have been an active member.

1. Organization: \_\_\_\_\_
  - i. Involvement: \_\_\_\_\_  
\_\_\_\_\_
  - ii. From: \_\_\_\_\_ To: \_\_\_\_\_

2. Organization: \_\_\_\_\_
- i. Involvement: \_\_\_\_\_
- \_\_\_\_\_
- ii. From: \_\_\_\_\_ To: \_\_\_\_\_
3. Organization: \_\_\_\_\_
- i. Involvement: \_\_\_\_\_
- \_\_\_\_\_
- ii. From: \_\_\_\_\_ To: \_\_\_\_\_
4. Organization: \_\_\_\_\_
- i. Involvement: \_\_\_\_\_
- \_\_\_\_\_
- ii. From: \_\_\_\_\_ To: \_\_\_\_\_

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## II. DOMESTIC RELATIONS DIVISION-SPECIFIC EXPERIENCE

### 13. Active Cases:

1. Approximate number of active Domestic Relations Division cases: \_\_\_\_\_
2. Approximate number of active cases in other divisions: \_\_\_\_\_

### 14. Approximate number of evidentiary allocation of parental responsibilities hearings you have formally tried as a *first or second chair*: \_\_\_\_\_

### 15. Out of the number of cases listed for question 14, list all cases handled within the last three (3) years (please attach as many additional pages as needed):

1. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
2. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
3. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
4. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
5. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
6. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_

7. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
8. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
9. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
10. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
11. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
12. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
13. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
14. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
15. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_

16. Please describe your experience as first or second chair (i.e., discovery management, depositions, opening statements and/or closing arguments, direct and/or cross-examination of *lay* witnesses): \_\_\_\_\_

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17. Please describe your experience with preparing, questioning, and/or cross-examining mental health professionals (i.e., at depositions, hearings, trials, or during trial preparation):

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18. Please describe your experience in resolving cases by way of settlement: \_\_\_\_\_

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19. Please describe your personal and/or professional experience with children: \_\_\_\_\_

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20. Are you currently or have you ever practiced as a GAL/CR/AFC in another county, state, or division? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please provide further information:

1. \_\_\_\_\_ ☐ County ☐ State ☐ Division  
i. From: \_\_\_\_\_ To: \_\_\_\_\_
2. \_\_\_\_\_ ☐ County ☐ State ☐ Division  
i. From: \_\_\_\_\_ To: \_\_\_\_\_
3. \_\_\_\_\_ ☐ County ☐ State ☐ Division  
i. From: \_\_\_\_\_ To: \_\_\_\_\_
4. \_\_\_\_\_ ☐ County ☐ State ☐ Division  
i. From: \_\_\_\_\_ To: \_\_\_\_\_
5. \_\_\_\_\_ ☐ County ☐ State ☐ Division  
i. From: \_\_\_\_\_ To: \_\_\_\_\_

21. Please provide the following information for three **recent** Domestic Relations Division cases in which you have represented a party to the litigation that reached settlement:

1. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
2. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_
3. Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_  
Opposing Counsel: \_\_\_\_\_  
Judge: \_\_\_\_\_



### **III. DISCIPLINARY BACKGROUND**

22. Have you ever been subject to any disciplinary action by any bar association, agency, or other professional licensing authority beyond a letter of complaint? If so, please explain:

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23. Have you ever been held in contempt by any court? If so, please explain in detail, including the name of the judge, date, and surrounding circumstances of the occurrence.

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24. Have you ever been convicted of a state or federal offense as an adult? If so, please explain in detail, including the charge, date of conviction, court, and surrounding circumstances of occurrence.

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25. Have you ever been a Respondent in a criminal or civil Order of Protection, Stalking No Contact Order, or Civil No Contact Order? If so, please explain in detail, including the date and surrounding circumstances.

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26. Have you ever been indicated by DCFS? If so, please explain in detail, including the date and surrounding circumstances.

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**IV. GAL/CR/AFC INTEREST**

27. Please explain why you are interested in becoming a GAL/CR/AFC in the Circuit Court of Cook County Domestic Relations Division: \_\_\_\_\_

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28. Have you previously submitted an application to the GAL/Child Rep Steering Committee/the Office of the Presiding Judge of the Domestic Relations Division and been denied? If so, please describe your efforts to obtain further Domestic Relations experience, relevant bar activities, and/or CLE events in which you have participated in prior to submitting this application. \_\_\_\_\_

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## **V. REFERENCES**

29. Please provide three (3) professional references:

1. Full Name: \_\_\_\_\_

i. Email: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

i. Email: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

i. Email: \_\_\_\_\_

ii. Phone Number: \_\_\_\_\_

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## VI. CERTIFICATION AND SIGNATURES

Please be advised that the information provided in this application may be subject to verification. By submitting this application, you authorize the Circuit Court of Cook County Domestic Relations Division to contact any individuals, organizations, or entities listed within the application for the purpose of verifying the accuracy and completeness of the information provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby authorize the Administrators of the Attorney Registration and Disciplinary Commission and/or the disciplinary and inquiry bodies of any bar association to disclose to the Circuit Court of Cook County Domestic Relations Division all information contained in the files of such bodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive any right I may have to the confidentiality required by Illinois Supreme Court Rule 766 with respect to the foregoing information for the Circuit Court of Cook County Domestic Relations Division's use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, the undersigned, hereby certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true, under penalty of perjury pursuant to 735 ILCS 5/1-109.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of Illinois

County of \_\_\_\_\_.

Signed and sworn (or affirmed) to before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name of person making statement).

(seal)

\_\_\_\_\_  
Notary Public Signature