

**THE CIRCUIT COURT OF COOK COUNTY  
COUNTY DIVISION-ADOPTIONS  
50 W. WASHINGTON STREET  
SUITE 1701  
CHICAGO, ILLINOIS 60602**

**APPLICATION FOR GUARDIAN AD LITEM AND/OR ATTORNEY APPOINTMENT**

I am submitting this application along with a resume to be considered for Appointment as:

- ☐ Guardian Ad Litem in Adoption Cases  
☐ Attorney to represent an Indigent Person in Adoption Cases.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Year admitted to Illinois Bar: \_\_\_\_\_ Other States: \_\_\_\_\_

1. Please explain in detail any GAL experience and training you have.

2. Please explain in detail any experience and training in Adoption cases.

3. Please explain any experience and training in family law, juvenile law, probate or other areas of the law that bear on your ability to serve as a GAL and/or represent an indigent person in an adoption case.

4. Please explain why you are interested in and believe you are qualified for appointment as a Guardian Ad Litem and/or Attorney in Adoption cases.

5. Are you familiar with available services for children having physical, mental or developmental disabilities?

6. Please explain in detail any A.R.D.C. complaints filed against you, include the year and disposition.

7. Have you ever been sued by any client? If so please explain.

8. Have you ever been convicted of a crime? If yes, please explain

9. Do you have professional liability insurance?

**Certification**

I hereby certify that the information contained herein and on my resume is true and correct to the best of my knowledge.

I understand that by submitting this application I am sufficiently familiar with Illinois Adoption law and procedures and the role of the Guardian ad litem and that I am capable of fulfilling the duties of Guardian ad litem and/ or Attorney.

If seeking appointment as GAL, I understand and accept the fee schedule for Guardian ad litem and I further understand that I must anticipate making financial accommodations in cases where some families may not be able to pay the established fee.

If seeking appointment as Attorney, I understand and accept that I will be compensated pursuant to Illinois Supreme Court Rule 299.

I represent that I have and will maintain professional liability insurance.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Please send or deliver your completed application and resume to the attention of Ms. Gloria Contreras, Adoption Case Coordinator, Circuit Court of Cook County, County Division, 50 W. Washington Street, Suite 1701, Chicago, IL 60602. Questions may be directed to Ms. Contreras (312) 603-2492 or [CJCAL3@cookcountyil.gov](mailto:CJCAL3@cookcountyil.gov). Applications will be kept on file for three years.