STATE OF MAINE
JUDICIAL BRANCH
GUARDIAN AD LITEM ROSTER APPLICATION

The Chief Judge will accept applications and will review them periodically, based on the operational needs of the Maine Judicial Branch. The Maine State Bar Association will announce the next GAL core training on its website when it is scheduled. For more information, visit www.mainebar.org

Part A: Personal Data

First Name:_____Middle Name:_____

Last Name:_____

Other names by which you have been known:_____

* Business Mailing Address: _____

City:_____State:_____Zip Code:_____

*** The address listed above will be included on the roster. If this is your home address, please indicate whether or not you wish to have it published on the public roster:**

☐ Yes ☐ No

Business Street Address: _____

City:_____State:_____Zip Code:_____

Business Telephone: _____

Business Email: _____

Language(s) other than English, including sign language, in which you are fluent:

_____

Do you possess a valid driver's license?

☐ Yes ☐ No Driver's license number:_____

Part B: Qualifications for Placement on the Maine GAL Roster

In order to qualify for the Maine Judicial Branch (MJB) Guardian ad Litem (GAL) Roster, you must be either:

1. A licensed Maine attorney; or
2. Have a current valid license to practice as a Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Clinical Professional Counselor (LCPC), Licensed Master Social Worker (LMSW), Licensed Marriage & Family Therapist (LMFT), Licensed Pastoral Counselor (LPaC), psychologist or psychiatrist in the State of Maine.

Licensed Attorneys

Attorneys licensed in Maine qualify for placement on the GAL Roster for both Title 19-A family law and Title 22 child protection cases.

Do you hold a current valid license to practice law in the State of Maine? ☐ Yes ☐ No

If you hold a valid license to practice law in Maine, what is your Bar ID #:_____

Other Qualified Professionals

Other professionals listed in item 2 above only qualify for placement on the GAL Roster for Title 19-A family law cases.

Please list current valid license(s) from item 2 above (use additional sheets if necessary):

License Type: _____ License #: _____

Licensing Authority: _____

Address: _____

_____

License Type: _____ License #: _____

Licensing Authority: _____

Address: _____

_____

Part C: Education

Provide the following information regarding any accredited undergraduate and graduate college or university you attended:

Institution:_____ Dates of Attendance

Address: _____ _____

_____ Date of Graduation

Degree: _____ _____

Institution:_____ Dates of Attendance

Address: _____ _____

_____ Date of Graduation

Degree: _____ _____

Institution:_____ Dates of Attendance

Address: _____ _____

_____ Date of Graduation

Degree: _____ _____

Institution:_____ Dates of Attendance

Address: _____ _____

_____ Date of Graduation

Degree: _____ _____

Part D: Prior Relevant Training

Have you served as a GAL other than as a Court Appointed Special Advocate (CASA) volunteer in the Maine court system?

☐ Yes ☐ No

If so, please explain the circumstances. Include in your explanation the number of cases, the type of cases, the name of the court that appointed you as a GAL, and the dates of appointment.

Have you ever been appointed as a GAL in any jurisdiction other than Maine?

☐ Yes ☐ No

If you served as a GAL in another jurisdiction, please list the jurisdiction, the number and type of cases, the name of the court that appointed you as a GAL, the dates of appointment, and the name and contact information of a person who supervised your work.

Have you completed training offered by the Maine CASA program or a similar program in another jurisdiction?

☐ Yes ☐ No

Have you ever been appointed as a CASA volunteer in Maine or any other jurisdiction on a child protection case?

☐ Yes ☐ No

If you served as a CASA volunteer in Maine or in any other jurisdiction, please list the jurisdiction, the number of cases, the name of the court that appointed you as a CASA volunteer, the dates of appointment, and the name and contact information of a person who supervised your work.

Part E: Types of District Court Cases

I want to be listed on the Maine GAL Roster for the following types of Maine District Court cases:

☐ Title 22 child protection cases ☐ Title 19-A family law cases

Part F: GAL Home Court Designation

Page 12 of this application is a list of all 26 Maine District Court locations. Presque Isle/Caribou, Madawaska/Fort Kent and Lincoln/Millinocket are each considered one court for purposes of this application.

In screening applications, the MJB will consider the *operational needs of the court system* in determining which applicants are invited to attend the next GAL Core Training. Applicants may only be considered for placement on the Maine Roster in district courts in which there is a need for additional GALs.

Absent unusual circumstances courts will only appoint GALs who have listed the appointing court as their Home Court. Requests for changes in a GAL's Home Court designations can be made annually to the Family Division GAL Coordinator or with special permission of the Chief Judge.

> **Applicants for Title 22 rostering** may request placement on the GAL Roster for as many Home Courts from which they are willing to accept appointments subject to the payment provisions of Revised Fee Schedule for Guardians ad Litem and Court Appointed Workers' Compensation Attorneys in All Courts, Admin. Order JB-05-5 (A. 9-19) (effective September 1, 2019).
>
> **Applicants for Title 19-A rostering** may only request placement on the GAL Roster for a maximum of three Home Courts. Each Home Court selected must be within 60 miles of the street address of the applicant's business.[1]

Requested Home Court designations for Title 22 child protection cases:

1._____

2._____

3._____

4._____

5._____

Requested Home Court designations for Title 19-A family law cases:

1._____

2._____

3._____

[1] If there are no Home Courts within 60 miles of your business street address, please list the three closest Home Courts.

Part G: Employment History

Have you been self-employed for five years or more?

☐ Yes ☐ No

If you have been self-employed for five years or more, please skip section G and go to section H. Family Division staff may contact you to ask for additional employment-related references.

Name of your present employer, if any:

_____

Address of present employer: _____

Telephone number of present employer: _____

Email of present employer: _____

Date on which you started employment with present employer: _____

Applicant's present job title: _____

May the MJB contact your present and past employers about this application?

☐ Yes ☐ No

Fill in the chart below with information regarding any other full or part-time employment within the last five years, starting with the most recent:

1	Employer: _____ Job Title: _____ Address: _____ _____ Email: _____	Dates of Employment _____ Telephone Number _____

Part G: Employment History (continued)

2	Employer: _____ Job Title: _____ Address: _____ _____ Email: _____	Dates of Employment _____ Telephone Number _____
3	Employer: _____ Job Title: _____ Address: _____ _____ Email: _____	Dates of Employment _____ Telephone Number _____
4	Employer: _____ Job Title: _____ Address: _____ _____ Email: _____	Dates of Employment _____ Telephone Number _____
5	Employer: _____ Job Title: _____ Address: _____ _____ Email: _____	Dates of Employment _____ Telephone Number _____

Part H: References

Please list three persons, *not related to you*, who are familiar with the skills you have that will make you a successful GAL. Someone from the Family Division may be contacting references.

Reference #1

Name: _____

Address: _____

City:_____State:_____Zip:_____

Telephone:_____Email Address: _____

Reference #2

Name: _____

Address: _____

City:_____State:_____Zip:_____

Telephone:_____Email Address: _____

Reference #3

Name: _____

Address: _____

City:_____State:_____Zip:_____

Telephone:_____Email Address: _____

Part I: Character and Fitness

Have you been convicted of a crime in Maine or any other jurisdiction?

☐ Yes ☐ No

Have you ever been substantiated for abuse or neglect by the Maine Department of Health and Human Services or an equivalent agency or been a party to a child protection case in any jurisdiction (this does not include acting as a GAL)?

☐ Yes ☐ No

Have you ever been the subject of a motion to remove, had a complaint filed against you, or been disciplined by any professional licensing agency, including the Maine Guardian ad Litem Review Board Complaint System, or its equivalent in another jurisdiction?

☐ Yes ☐ No

Have you ever been removed from or surrendered your placement on the Maine GAL Roster or been removed by or surrendered a professional license to any other licensing board?

☐ Yes ☐ No

Have you ever had an application to practice as a GAL denied in Maine or any other jurisdiction?

☐ Yes ☐ No

Have you ever been a defendant in a protection from abuse action or to a similar cause of action in Maine or in any other jurisdiction?

☐ Yes ☐ No

If you answered "yes" to any of the above questions please provide the following:

- ☐ Name, address, and telephone number of the organization or entity taking the action;
- ☐ The action taken and the date;
- ☐ The reason for the action;
- ☐ The name of the case, including docket number; and
- ☐ A description of the basis for the action.

Please use a separate piece of paper and include in your answer any additional information that you believe would be helpful in evaluating your application for placement on the GAL Roster.

Part I: Character and Fitness (continued)

Are you aware of the existence of any of the following regarding your spouse, the parent or guardian of your child, or any person with whom you reside:

(a) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person abused or neglected a child, as defined by 22 M.R.S. § 4002;

☐ Yes ☐ No

(b) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person abused, neglected, or exploited an incapacitated or dependent adult, as defined by 22 M.R.S. § 3472; or

☐ Yes ☐ No

(c) Any charge, finding, or conviction in any jurisdiction in which it has been alleged that the person committed a "serious crime" as defined by Maine Rules for Guardians ad Litem Rule 1(c)(19).

☐ Yes ☐ No

If you answered "yes" to any of the above questions please provide the following:

- ☐ Name, address, and telephone number of the organization or entity taking the action;
- ☐ The action taken and the date;
- ☐ The reason for the action;
- ☐ The name of the case, including docket number; and
- ☐ A description of the basis for the action.

Please use a separate piece of paper and include in your answer any additional information that you believe would be helpful in evaluating your application for placement on the GAL Roster.

Part J: Affirmations, Conditions of Application and Release

I certify that the information provided by me in connection with this application is, to the best of my knowledge and belief, true, accurate and complete. I understand that any misrepresentation in my application may constitute a basis for the rejection of my application or a complaint to the Guardian ad Litem Review Board or other applicable professional licensing agency.

I acknowledge that the information provided on the application form and the documentation provided to support the application is public information unless it is deemed confidential by law or under the Rules for GALs. I also specifically acknowledge that any and all information submitted as part of this application may be divulged to any potential appointing court as well as to other entities or persons as provided by the Rules for GAL or other relevant laws.

I understand that if my application is conditionally accepted, a background investigation will be conducted, including, but not limited to: 1) A criminal history information check that includes traffic infractions; 2) A child protective services information check; 3) A certificate of good standing from the applicant's licensing agency, which must include disclosure of any complaints to or disciplinary action taken by the agency; and 4) A report from the Guardian ad Litem Review Board Counsel disclosing any past complaints, surrender from the Roster, or disciplinary sanction imposed pursuant to the Rules for GALs.

I understand that additional background checks may be conducted and any of the information I have given may be verified. I hereby consent and give permission to the MJB, the Office of the Chief Judge, and/or the Office of Judicial Marshals to conduct any and all necessary background checks.

I affirm that, if rostered, I will comply with the Maine Judicial Branch Code of Conduct, relevant state law, the Rules for GALs, including Rule 10's Continuing Professional Education Credits and 22 M.R.S. § 4011-A(9) and any and all applicable policies related to GALs in the Maine courts.

I hereby affirm that the information provided by me on this application form is accurate and complete under penalty of law.

_____ _____

Signature Date

_____

Printed Name

IMPORTANT NOTICE: You must mail or email your application to the Family Division Office at:

Administrative Office of the Courts
State of Maine Judicial Branch
Family Division
171 State House Station
Augusta, ME 04333-0171
or
kaela.jalbert@courts.maine.gov

Maine District Court Home Courts for GAL Purposes

Androscoggin County
Lewiston

Aroostook County
Caribou/Presque Isle
Fort Kent/Madawaska
Houlton

Cumberland County
Bridgton
Portland

Franklin County
Farmington

Hancock County
Ellsworth

Kennebec County
Augusta
Waterville

Knox County
Rockland

Lincoln County
Wiscasset

Oxford County
Rumford
South Paris

Penobscot County
Bangor
Lincoln/Millinocket
Newport

Piscataquis County
Dover-Foxcroft

Sagadahoc County
West Bath

Somerset County
Skowhegan

Waldo County
Belfast

Washington County
Calais
Machias

York County
Biddeford
Springvale
York