

**SKAGIT COUNTY SUPERIOR COURT
GUARDIAN AD LITEM APPLICATION**

I am applying for the Skagit County GAL Registry for:

TITLE 11.88 _____

TITLE 11.130 _____

TITLE 26 _____ *(Please refer to RCW 26.12.175 for all requirements)*

CONTACT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE	DATE
BUSINESS NAME OR FIRM			
STREET AND MAILING ADDRESS			CITY STATE ZIP
BUSINESS PHONE		EMAIL ADDRESS	
RETAINER AMOUNT		COMMENTS	
HOURLY RATE		COMMENTS	
EDUCATION			
LEVEL AND LOCATION OF FORMAL EDUCATION (ATTACH DETAILED RESUME - MANDATORY)			
CERTIFIED GUARDIAN AD LITEM TRAINING			
DATE AND TYPE OF INITIAL TRAINING			
DATE AND TYPE OF ANNUAL REFRESHER TRAINING (ATTACH COPY)			
OTHER FORMAL TRAINING/CERTIFICATIONS/LICENSES (INCLUDE DATE AND TYPE)			

RELEVANT EXPERIENCE

PUBLIC PAY APPOINTMENTS THIS YEAR (LIST NAME & CASE NUMBER)

LIST OTHER EQUIVALENT EXPERIENCE

NUMBER OF YEARS AS A GUARDIAN AD LITEM

NUMBER OF APPOINTMENTS AS A GUARDIAN AD LITEM

LIST ALL COUNTIES OF APPOINTMENTS

LIST ANY AND ALL CIRCUMSTANCES OF REMOVAL FROM ANY G.A.L. REGISTRY PURSUANT TO A GRIEVANCE ACTION. PROVIDE NAME OF COURT AND THE CASE NUMBER FROM WHICH YOU WERE REMOVED.

CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.
Signed this ____ day of _____, at _____, Washington.

(Signature of Applicant) _____