

STATE OF WISCONSIN

CIRCUIT COURT

MILWAUKEE COUNTY

PLEASE PRINT OR TYPE ALL INFORMATION (except signature)

In re _____

**NOTICE AND PETITION
FOR APPOINTMENT OF
GUARDIAN AD LITEM**

Petitioner _____ DOB: _____

-- and --

CASE # ____ FA / PA _____

Respondent _____ DOB: _____ FAMILY A B C D E F
[circle one]

TO: _____

[Address this to other party or her/his attorney]

A copy of this notice / petition was:
[] served upon the person named here
[] mailed to the person named here
on _____
signed:

I am the (check one) [] petitioner [] respondent [] attorney for _____ in this action.
I believe it appropriate to appoint a guardian ad litem for the parties' child(ren) now because:

- [] One of the parties to this action says that the child or children in question are not issue of this marriage. Therefore, appointment of a guardian ad litem is required under Sec. 891.39, Wis. Stats.
- [] There is an ongoing custody or placement dispute between the parties which will require the appointment of a guardian ad litem because, pursuant to Sec. 767.11, Wis. Stats. and local rule, this matter has been referred to Family Court Mediation Service for mediation and that process has been unsuccessful or there has been an order filed waiving mediation. A copy of the Report to Court Regarding Mediation or Order Waiving Mediation is: [] on file with the court [] attached hereto.
- [] Pursuant to Sec. 767.11(8)(b), Wis. Stats., I believe that attendance at an initial session of mediation would cause undue hardship because:
- [] Pursuant to Sec. 767.11(8)(b), Wis. Stats., I believe that attendance at the initial session of mediation would endanger the health or safety of one or both of the parties because sufficient evidence is available to show that:
 - [] A party has engaged in abuse of the child or children, as defined in Sec. 48.98(1)(a) and (b) or Sec. 813.122, Wis. Stats.
[provide details here]
 - [] There has been interspousal battery as described under Sec. 940.19 or domestic abuse as defined in Sec. 813.12, Wis. Stats.
[provide details here]
 - [] One or both parties has a significant problem with alcohol or drug abuse.
[provide details here]

[] Other: *[provide details here]*

[attach additional pages if necessary]

2. The child or children in question is/are:
_____ d/b _____ d/b _____
_____ d/b _____ d/b _____

3. The mother resides at
Her phone number is: *[days]* () *[evenings]* ()
Her gross monthly income is:
Source of income: [] Employment *[name/address of employer]*
[] Other: *[explain]*
Attorney for mother: *[name]*
[address]
[phone number] () *[FAX number]* ()

4. The father resides at:
His phone number is: *[days]* () *[evenings]* ()
His gross monthly income is:
Source of income: [] Employment *[name/address of employer]*
[] Other: *[explain]*
Attorney for father: *[name]*
[address]
[phone number] () *[FAX number]* ()

5. [] No previous application has been made for the appointment of a guardian ad litem in this matter. There is no general guardian of said child(ren).
OR
[] Within the last 5 years, Atty. _____ has previously served as guardian ad litem in this matter.

6. Petitioner Respondent both parties children do not speak English.

The language spoken is:

7. Primary Issues In Dispute:

8. There is presently in effect a Chapter 813 domestic abuse/harassment/child abuse restraining order/injunction or criminal "no contact" order affecting the parties and/or the children.

NO YES If YES, give case number(s) And explain:

9 Other:

WHEREFORE, if no objection is filed with the Court within 5 working days after this request is served on the other party, or his/her attorney, I request that the court appoint an attorney admitted to practice law in this state to act as guardian ad litem for the above-named minor child(ren). If an objection is filed, I request a hearing be set on this petition. If this is by stipulation, I request that the appointment be made immediately.

Dated at Milwaukee, Wisconsin, on _____, 20 _____

[Signature] _____ [State Bar # _____]

[Name printed / typed] _____

I agree with this request and stipulate to the appointment of a guardian ad litem at this time.

Dated:

[Signature] _____

[Name printed/typed] _____

[if an attorney] State BAR # _____

STATE OF WISCONSIN
COUNTY

CIRCUIT COURT - Family Division

MILWAUKEE

In re the Paternity of: _____
 In re the Marriage of: _____

**ORDER APPOINTING
GUARDIAN AD LITEM**

-- and --

Petitioner
Respondent

Case # _____ FA / PA _____
Family A B C D E F
KIDS IV-D # _____

Petitioner's Attorney: [name] _____
[phone #] (_____) _____ (fax #) (_____) _____

Respondent's Attorney: [name] _____
[phone #] (_____) _____ (fax #) (_____) _____

ATTORNEY APPOINTED AS GUARDIAN AD LITEM: _____

[Address] _____

[Phone #] (_____) _____ [FAX #] (_____) _____

Initial appointment Re-appointment

Hourly rate: Both parties are indigent for the purpose of this appointment at this time. The hourly rate of compensation for the GAL shall not exceed \$70.00 per hour and, subject to court approval, be paid by Milwaukee Co. The parties may be required to reimburse the county.

The hourly compensation rate for the GAL shall be as established by the GAL in writing, and subject to the approval of the judge. While the minimum hourly compensation rate for the GAL approved by the Family Court is \$100 per hour, the actual compensation rate for the GAL may reasonably exceed \$100 per hour. Objections to the GAL's hourly rate shall be raised prior to or at the first court hearing after appointment or are deemed waived. Unless otherwise ordered by the judge, any amounts due to the GAL, over and above the deposit, shall be paid equally by the parties. If the court determines that one party is indigent, the non-indigent party will be liable for the entirety of the GAL fees but may seek an order requiring reasonable reimbursement from the indigent party. GAL fees are considered in the nature of support.

The court sets the hourly fee for the GAL at \$ _____.

The court shall determine the hourly fee for the GAL at a later time.

MAKE ALL PAYMENTS DIRECTLY TO GUARDIAN AD LITEM unless otherwise directed.

Deposit: \$ _____ to be paid on or before: [date] _____, 20____

To be paid by: Petitioner completely Respondent completely
 One-half by each party Other:

Monthly payments: Amount: \$ _____ per month due the first day of each month starting:

Paid by:

Fund Withdrawal: Funds may be withdrawn by GAL from such deposit account upon submission of an itemized monthly statement to the parties.

PAYMENT DEFERRED at this time due to both parties being indigent at this time. This deferral shall be reviewed later by the court.

Date appointed: _____

Appointed by: _____
Circuit Court Judge

Next Hearing: Date: _____ Time: _____

Before: _____

Rm: _____ Milwaukee County Courthouse

CONSENT TO SERVE

By consenting to serve I agree that I will immediately undertake my duties as Guardian ad Litem, including any appearances at scheduled hearings before the Family Court Commissioner and/or the court, and to completely fulfill my duties without regard to whether or not I have received payment of any deposit ordered and/or any subsequent fees charged. I further agree that, pursuant to Chief Judge Directive 09-22, if I am seeking reimbursement from Milwaukee County for my services as a Guardian ad Litem, I must submit my request for reimbursement within 90 days of the last billable event.

I consent to serve I DO NOT consent to serve [check one]

SIGNATURE

State Bar Number

Date