**Guardian ad Litem Registry Manager**

King County Superior Court

516 Third Avenue, Room C-203

Seattle, WA 98104-2381

# ***FORM FOR MAKING A COMPLAINT OR GRIEVANCE BY OR AGAINST A GUARDIAN AD LITEM***

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| **PERSON COMPLAINING** |
| **Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Last, First, Middle Initial)** |
| **Your Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Street Address)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(City, State & Zip Code)** |
| **Phone: ( ) // ( )\_\_\_\_\_\_\_\_\_\_\_\_**  **(Day) (Evening)** |

|  |
| --- |
| **GUARDIAN AD LITEM (GAL)** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Last, First, Middle Initial)** |
|  |
| **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Street Address)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(City, State & Zip Code)** |
| **Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

**Was the Guardian ad Litem appointed to represent your interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If not, what is your relationship with the GAL or the case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you discussed this grievance with the GAL or the GAL’s attorney (if applicable)? \_\_\_**

**If yes, what was the result of your discussion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List the names and phone numbers of any attorneys involved in the case and which party the attorney represented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Has there been a court hearing pertaining to your complaint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If yes, please identify and give:**

**The case or file name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Case file number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of the hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach a copy of the Court’s findings and order entered on the hearing, if this is available.**

**Are you involved in a lawsuit, guardianship, or other legal or professional proceeding related to your grievance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please identify and give:**

**The case file name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The case file number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State the name, address and telephone number of your attorney in this case, if you have one.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has there been a complaint made to any other agency regarding this complaint by you or anyone else, to your knowledge? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, identify the agency:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DESCRIPTION OF YOUR COMPLAINT OR GRIEVANCE**

**1. Name of case:**

**Case Number:**

**County:**

**2. Please concisely explain your grievance in your own words. Give all important dates, times, places, and court file numbers. Attach relevant documents. Attach copies, not your originals of supporting documents.**

1. **Please cite, to the best of your ability, the provision of the law, State or Local Rules, GAL Code of Conduct or other standard that you believe has been violated.**

**CONSENT AND AFFIRMATION**

***I understand that unless I obtain a protective order or seek the status of a confidential source, the filing of a complaint or grievance constitutes my consent to the disclosure of the content of my complaint or grievance to the Guardian ad Litem and others; and to the disclosure by the lawyer and by others of any information relevant to the investigation. I understand that my grievance may become public information.***

***In filing this complaint or grievance with the Superior Court, I affirm that the information I am providing is true and accurate to the best of my knowledge.***

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place Where Signed: \_\_\_\_\_\_\_\_\_\_\_**

***Mail your completed and signed Grievance Against a King County Guardian ad Litem to the address listed at the top of page one.***