

**GUARDIAN AD LITEM (GAL) PROGRAMS**  
**CONTACT INFORMATION AS ALTERNATIVE TO OFFICIAL VIRGINIA STATE BAR ADDRESS OF RECORD\***

The guardian *ad litem* for children program and the guardian *ad litem* for incapacitated persons (adults) program receive electronically from the Virginia State Bar (VSB) your official address of record (i.e. name, address, phone number and e-mail address). The information received feeds into the database used to administer the GAL programs. This includes generation of the lists of qualified guardians *ad litem* made available to the Juvenile and Domestic Relations District Courts and Circuit Courts of the Commonwealth, and to the public (see [www.courts.state.va.us](http://www.courts.state.va.us)). **Please use this form to provide an alternate address, phone number, and/or e-mail address to the Office of the Executive Secretary (OES), Supreme Court of Virginia, for purposes of your appointment as a GAL. Any alternate address or phone number provided will be made available to Juvenile and Domestic Relations District Courts, Circuit Courts, and the public. If you are not currently in a position to accept GAL appointments, you may complete the shaded box to have your name removed from the list(s) of qualified guardians ad litem.**

ATTORNEY NAME:

Last Name	First Name	Middle Name
-----------	------------	-------------

VSB #: \_\_\_\_\_

**CONTACT INFORMATION AS ALTERNATIVE TO OFFICIAL VSB ADDRESS OF RECORD:**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all JUDICIAL DISTRICTS / CIRCUITS  
Where GAL Appointments Will Be Accepted  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: (        ) \_\_\_\_\_  
*Please do not provide a cell phone number unless you want to receive all phone calls related to GAL appointments at that number.*

Check this box if the Office of the Executive Secretary **has permission** to release your e-mail address only to organizations requesting such information for the purposes of advertising upcoming continuing legal education programs.

E-mail Address: \_\_\_\_\_  
*Note: E-mail address is not made available to the public.*

**I AM NOT CURRENTLY IN A POSITION TO ACCEPT APPOINTMENTS AS A GUARDIAN AD LITEM.**

Please remove my name from the list of **qualified guardians ad litem** for  children and/or  incapacitated persons (adults). I understand that if/when my situation changes, I may, upon completion of any necessary re-qualification requirements outlined in Standard III.B of the *Standards to Govern the Appointment of Guardians Ad Litem for Children* and *Standards to Govern the Appointment of Guardians Ad Litem for incapacitated Persons*, request to again be included on the list(s) of qualified guardians *ad litem*.

\_\_\_\_\_  
Attorney Signature

\* Completing this form provides alternate contact information for use in administering the GAL programs. Completing this form will not change your address with the VSB or the address any other department within the Office of the Executive Secretary has on file for you. This includes the Fiscal Services Department, which processes all payment vouchers.