

Petitioner/Joint Petitioner A: \_\_\_\_\_  
 Respondent/Joint Petitioner B: \_\_\_\_\_

Enter the name of the county in which this case is filed.	<b>STATE OF WISCONSIN, CIRCUIT COURT,</b> _____ <b>COUNTY</b>
Check marriage or paternity. If paternity, enter initials of child.	IN RE: THE <input type="checkbox"/> MARRIAGE OF <input type="checkbox"/> PATERNITY OF _____  <b>Petitioner/Joint Petitioner A</b>
Enter the name of Petitioner/Joint Petitioner A.	Name (First, Middle and Last) _____
Enter the name of Respondent/Joint Petitioner B.	and <b>Respondent/Joint Petitioner B</b>
Enter the case number.	Name (First, Middle and Last) _____  <b>Petition for Appointment of Guardian ad Litem</b>  Case No. _____

Check A, B or C.

If B, check 1 or 2.

If 2, check a or b.  
If a, enter the name of the party who would be caused hardship and enter the reasons why.

If b, check 1, 2, or 3.

If C, enter the reasons why a GAL should be appointed now and not after mediation was attempted.

Enter the name, date of birth [month, day, year], of each child whom you believe needs a GAL appointed on his/her behalf.

Enter the requested information about Petitioner/ Joint Petitioner A in this case.

1. I ask the court to appoint a guardian ad litem (GAL) for one or more of the minor children and believe it is appropriate now because:
  - A. One of the parties in this action believes that an unborn child or one or more of the minor children born during the marriage is not a product of the marriage.
  - B. There is an ongoing legal custody or physical placement dispute between the parties that will require the appointment of a GAL because:
    - 1) This matter has been referred to Family Court Services for mediation and that process has been unsuccessful.
    - 2) This matter has not been referred for mediation because I believe that attendance at an initial session of mediation would:
      - a. Cause undue hardship to \_\_\_\_\_ because: \_\_\_\_\_
      - b. Endanger the health or safety of one or both of the parties or the minor children because sufficient evidence is available to show:
        - 1. A party has engaged in abuse of the minor children, as defined in ch. 948 or § 813.122, Wis. Stats.
        - 2. There has been interspousal battery as described under ch. 940 Wis. Stat., or domestic abuse as defined in §813.12, Wis. Stats.
        - 3. One or both parties has/have a significant problem with alcohol or drug abuse.
  - C. There is good reason to appoint the GAL now rather than wait until mediation has been completed because: \_\_\_\_\_

2. **The minor children in question include:**

Name of Minor Child	Date of Birth [Month, Day, Year]

3. **Petitioner/Joint Petitioner A:**

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone [Day] \_\_\_\_\_ [Evening] \_\_\_\_\_

Enter the requested information about the Respondent/Joint Petitioner B in this case.

4. **Respondent/Joint Petitioner B:**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone [Day] \_\_\_\_\_ [Evening] \_\_\_\_\_

Check A or B.

If B, enter the date [month, day, year] the GAL was appointed and the name of the GAL.

5. **Current Status:**

- A. A GAL has never been appointed for the minor children in the past.
- B. A GAL was appointed in the past on \_\_\_\_\_.  
The GAL's name was \_\_\_\_\_.

6. I understand that the court may order one or both parties to pay guardian ad litem fees.

If no objection is filed with the court within five (5) business days after this request is served on the other party or their attorney, I request that the court appoint an attorney admitted to practice law in this state to act as GAL for the minor children. If an objection is filed, I request a hearing be set on this petition.

If you require reasonable accommodations due to a disability to participate in the court process, please call \_\_\_\_\_ at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

Sign and print your name.  
Enter the date on which you signed your name.

**Note:** This form does not need to be notarized.

▶ \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name  
\_\_\_\_\_  
Date