

Parenting Investigator/Guardian ad Litem Roster Form

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Fax: _____

Email: _____

Custody Investigator Guardian ad litem

Date(s) of Training: _____

Location: _____

Instructor: _____

Location: _____

Instructor: _____

Education background:

College Degree: _____

(Custody Investigator applicants only)

List experience in the delivery or supervision of child care or children=s services:

Total Training Hours credited: _____

Approximate number of hours served in this field: _____

What Districts are you willing to serve: _____

Please return a copy of your resume, certificate of training, and form to:

Marilyn Moe
Office of State Court Administrator
600 East Boulevard Ave., Dept. 180
Bismarck, ND 58505-0530