
**APPLICATION FOR HOUSING COURT
GUARDIAN AD LITEM PROGRAM
CIVIL COURT OF THE CITY OF NEW YORK**

1. PERSONAL DATA

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____

FAX NUMBER: _____

CELL PHONE: _____

***E-MAIL ADDRESS:** _____

It is strongly encouraged that all GALs provide their email as this is the most efficient way of communicating with you regarding updates, upcoming workshops, and other relevant information.

I prefer to receive mail: _____ At Home _____ At the Office

I prefer to receive phone calls: _____ At Home _____ At the Office

Other Languages Spoken: _____

I wish to be placed on the Guardian Ad Litem Roster for the following counties:

Bronx _____ Queens _____

Kings _____ Richmond _____

New York _____

2. EMPLOYMENT EXPERIENCE

Employer/Position: _____

Positions held, legal or otherwise, in the past five years. Please attach a resume fully describing positions held.

Other relevant experience you wish to be considered:

3. MEMBERSHIP:

Please list membership in any professional organizations or associations
[Example: Bar Associations, National Association of Social Workers, etc.]

4. MISCELLANEOUS:

Please list relevant courses, certification received or workshops attended
in the past two years: _____

Please indicate where you heard about the Guardian Ad Litem Program:

Please describe why are you seeking to become a Guardian Ad Litem:

Have you ever been convicted of a crime or had any formal complaint(s) lodged against you?

_____ YES _____ NO

If yes, please state the outcome, whether dismissed, resolved against you, or pending.

NOTE: GALs are required to accept at least 3 *pro bono* appointments per year. *Pro bono* appointments are appointments involving a ward that is not a client of Adult Protective Services (APS) and therefore do not carry compensation.

I understand and agree to fulfill the above-mentioned pro-bono requirement. I also acknowledge that the information provided above is all true and accurate.

Dated: _____

Signature: _____

NOTE: Attorneys who attend the GAL training are provided with multiple **FREE CLE credit**, including 1 credit in Ethics. In exchange for this credit, attorneys agree to accept three (3) pro-bono appointments per year.

I understand and agree to fulfill the above-mentioned pro-bono requirement. I also acknowledge that all the information provided above is true and accurate.

Dated: _____

Signature: _____

ALL APPLICANTS

Please return your completed application with a copy of your resume and 2 professional references (names and phone numbers only) to:

Denise Colón-Greenaway, Esq., MSW
Civil Court of the City of New York
111 Centre Street, Room 1240
New York, New York 10013