

LAW GUARDIAN INFORMATION FORM

NAME OF CASE:

INDEX NO.:

NAME & DATE OF BIRTH OF CHILD(REN):

- 1.
- 2.
- 3.

INITIAL RETAINER:

APPORTIONMENT OF FEE: Plaintiff: _____% Defendant: _____%

LAW GUARDIAN

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

ATTORNEY FOR PLAINTIFF:

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

ATTORNEY FOR DEFENDANT

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

NEXT SCHEDULED COURT DATE: