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**APPLICATION FOR LANDLORD-TENANT  
GUARDIAN AD LITEM PROGRAM  
WESTCHESTER COUNTY, N.Y.**

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**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 Westchester County.

**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:

\_\_\_\_\_

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

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**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.

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**NOTE:** GALs are required to accept one (1) pro bono appointment per year. Pro bono appointments are appointments that 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.

And

By Signing below I give permission for a criminal background check to be conducted on me.

**Dated:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*ATTORNEY APPLICANTS\*\***

(Please provide **ADDITIONAL** information requested below.)

**Law School and Month/Year of Graduation:** \_\_\_\_\_

\_\_\_\_\_

**Admission to New York Bar:**            **Department** \_\_\_\_\_

**Month/Year** \_\_\_\_\_

**Admission to Other Bars [Jurisdiction/Dates]:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you currently in good standing in all jurisdictions to which you are admitted?**

\_\_\_\_ YES      \_\_\_\_ NO

If "No," please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRACTICE/EXPERTISE**

Please indicate areas of practice/expertise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a crime; had any formal complaint(s) lodged against you, whether with an Appellate Division or Bar Association Grievance Committee, an 18B assigned counsel panel or any other body?**

\_\_\_\_ YES      \_\_\_\_ NO

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

\_\_\_\_\_

\_\_\_\_\_

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**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 one (1) 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:

[WestchesterGAL@nycourts.gov](mailto:WestchesterGAL@nycourts.gov)