

GUARDIAN AD LITEM INTEREST FORM

NAME: _____

FIRM: _____

PHONE: _____ **FAX:** _____

ADDRESS: _____

LICENSED TO PRACTICE LAW IN ALABAMA? (Yes or No) _____

GAL CERTIFICATION UP TO DATE? (Yes or No) _____

By my signature below, I submit that I am interested in serving as a Guardian ad Litem in the Probate Court of Marengo County, Alabama. If any of my contact information changes, I will notify the Probate Court of Marengo County by written letter.

Attorney Signature