



## Guardian ad Litem Board

### REINSTATEMENT APPLICATION CHECKLIST

*Include this checklist when submitting your application. This is a checklist only. Consult Chapter Gal 400 of the Board's administrative rules for specific requirements relative to reinstatement applications. All forms are located on the board's website [www.oplc.nh.gov/guardian-ad-litem](http://www.oplc.nh.gov/guardian-ad-litem).*

1. Name of Applicant: \_\_\_\_\_
2. \_\_\_\_\_ A check for application fee of \$150.00 payable to "Treasurer, State of New Hampshire".  
*[Pursuant to Gal 304.01 (c)]*
3. \_\_\_\_\_ "Reinstatement Application for GAL Certification" – Original (signed and dated) & 3 copies. *[Pursuant to Gal 401.03 (b)]*
4. Required supporting documents:
  - a. \_\_\_\_\_ A fully executed "Criminal Records Release" with notarized signature. *[Pursuant to Gal 401.10 (a)]. Section II should be completed as Guardian ad Litem Board, 121 South Fruit Street, Concord NH 03301 as the recipient. The form is available at <http://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf>.*
  - b. \_\_\_\_\_ A check for "Criminal Records Release" of \$25.00 payable to State of NH – Criminal Records. *[Pursuant to Gal 401.10 (b)]*
  - c. \_\_\_\_\_ An original and 3 copies of Central Registry confirmation. *[Pursuant to Gal 401.10 (c)]. The form is available for download at <http://www.dhhs.nh.gov/dcbcs/nhh/documents/central-registry.pdf>.*
  - d. \_\_\_\_\_ 4 copies of a photo ID or other government with applicant's photo, name and Date Of Birth. *[Pursuant to 401.10 (d)]*

- e. \_\_\_\_\_ An original and 3 copies of completed GAL Form “Waiver of Confidentiality”.  
[Pursuant to Gal 401.10 (e)]
  - f. \_\_\_\_\_ An original and 3 copies of separate attached document(s) if a Yes answer to *Part E: Professional Record and Ethics, section 1*, and pursuant to Gal 401.10 (f); and
    - 1. \_\_\_\_\_ 4 copies of the order, decision or writing, if any, [Pursuant to Gal 401.10 (f) (1)]; and
    - 2. \_\_\_\_\_ 4 copies of the order, decision or writing, if any, [Pursuant to Gal 401.10 (f) (2)].
  - g. \_\_\_\_\_ 4 copies of the settlement or agreement if the request for reinstatement is part of, or is covered by a settlement or agreement with the board. [Pursuant to 401.10 (g)]
  - h. \_\_\_\_\_ 4 copies of the board’s acceptance of the resignation or surrender pursuant to Gal 404.02 if the request for reinstatement is a result of the most recent certification ending as a result of a resignation or surrender of certification. [Pursuant to 401.10 (h)]
  - i. \_\_\_\_\_ 4 Copies of any board requested information, pursuant to Gal 401.10 (i).
  - j. \_\_\_\_\_ A request for approval and 3 copies if the applicant is, at the time of his or her application, seeking approval of an activity listed in Part C: Recent Education, section 6.a. [Pursuant to 401.10 (j)]
  - k. \_\_\_\_\_ An original and 3 copies of a signed written statement explaining why the applicant is seeking reinstatement. [Pursuant to 401.10 (k)]
5. \_\_\_\_\_ The application is signed, dated, and applicant’s name is legibly printed. [Pursuant to 401.04 (a) (1) – (3)]
- 

**Note: Your reinstatement application is not considered complete until the board receives all required documents.**

Send application and supporting materials to:

Guardian ad Litem Board  
121 South Fruit Street, Suite 201  
Concord, N.H. 03301

Questions: Call 603-271-2219 or email: [christine.horne@oplcnh.gov](mailto:christine.horne@oplcnh.gov)

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF TECHNICAL PROFESSIONS

121 South Fruit Street, Suite 201  
Concord, N.H. 03301-2412  
Telephone 603-271-2219 · Fax 603-271-7928

PETER DANLES  
Executive Director

JOSEPH SHOEMAKER  
Division Director



## Guardian ad Litem Board

### Reinstatement Application for GAL Certification

Instructions:

1. This form shall be used for applicants whose certification has expired, been suspended or revoked (see Gal 401.02).
2. Applicants seeking renewal of certification shall **not** complete this form, but rather, complete and submit the "Renewal Application for GAL Certification".
3. Attach additional sheets if needed including referenced Part title and Section number.
4. Complete all sections **legibly** and in ink with the requested information. Applicant must fill in "NA" if the question is not applicable.
5. Enclose check(s) for all required fees.

**Part A: Personal Data**

1. Full Name: *First:* \_\_\_\_\_ *Middle:* \_\_\_\_\_ *Last:* \_\_\_\_\_
2. Other names (including maiden) by which applicant has been known since submitting his or her most recent including dates used:
  - a. *Name:* \_\_\_\_\_ *Dates used:* \_\_\_\_\_
  - b. *Name:* \_\_\_\_\_ *Dates used:* \_\_\_\_\_
  - c. *Name:* \_\_\_\_\_ *Dates used:* \_\_\_\_\_
3. Address of Guardian ad Litem's Business -
  - a. *Number & Street:* \_\_\_\_\_
  - b. *Town/State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_
4. Mailing address of Guardian ad Litem's Business (if different than above) –

a. *Number & Street:* \_\_\_\_\_

b. *Town/State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

5. Applicant's guardian ad litem business email address: \_\_\_\_\_

6. Telephone number of Guardian ad Litem business: \_\_\_\_\_

**Part B: Recent Employment History**

1. Name of applicant's present employer, if any, including self-employment:

\_\_\_\_\_

a. Address of the applicant's present employer:

*Number & Street* \_\_\_\_\_

*Town/State/Zip Code* \_\_\_\_\_ *Telephone* \_\_\_\_\_

**Part C: Recent Education**

1. Has the applicant, within the last three years, completed the required 30 hours of continuing education?

\_\_\_\_\_ Yes                  \_\_\_\_\_ No

2. Provide a log of courses that meet the requirements of question 1 above. Attach additional piece of paper if necessary:

<i>Title of activity</i>	<i>Brief description of topics</i>	<i>Date of Participation</i>	<i>Name of person or sponsoring organization</i>	<i># of claimed CE credits</i>
a.				
b.				
c.				
d.				
e.				

Total # of claimed CE credits: \_\_\_\_\_

3. Provide the percentage of the total continuing education credits claimed that relate to service as an instructor under Gal 403.03 (d), (g) or (i), or any combination of those paragraphs: \_\_\_\_\_

4. Has the applicant, in accordance with Gal 403.09, retained in his or her possession such documentation which would serve to verify:

a. That the activity(ies) listed in question 2 above is/are of the nature described in Gal 403.02?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

b. The number of credits claimed?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

c. The applicant's attendance or participation in the activity within the expiring period of certification?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

5. List each activity listed in question 2 above that was of one of the specific types of activity listed in Gal 403.03, and identify the category into which the activity falls:

a. \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_

d. \_\_\_\_\_  
\_\_\_\_\_

e. \_\_\_\_\_  
\_\_\_\_\_

6. If any activity listed in question 2 above is not one of the specific types of activity listed in Gal 403.03, provide:

a. A description of the activity: \_\_\_\_\_  
\_\_\_\_\_

b. Whether or not the activity has been approved for continuing education credit under Gal 403.05 and Gal 403.06:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

c. If the answer to 6. b. above is Yes, provide the date of approval: \_\_\_\_\_

d. If the activity was not previously approved for continuing education under Gal 403.05 and Gal 403.06, has the applicant submitted a request for approval described at Gal 403.06?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**Part D: Certification Status**

1. Provide the beginning and end dates of the applicant's most recent certification:

a. Beginning date: \_\_\_\_\_

b. End date: \_\_\_\_\_

2. If the applicant was formerly certified by the board, provide the following information:

a. Is the applicant's most recent certification, its expiration or the request for reinstatement subject to the terms of any settlement or agreement with the board?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

b. Did the applicant's most recent certification expire while under a period of suspension?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

c. If the applicant's most recent certification was revoked by the board, has the applicant ever previously had his or her certification revoked and reinstated by the board?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

d. If the request for reinstatement follows a resignation or surrender of the applicant's most recent certification, provide the date that the resignation or surrender was approved by the board:

\_\_\_\_\_

e. If the request for reinstatement follows a previous unsuccessful attempt to renew the applicant's most recent certification, provide the date of that unsuccessful attempt:

\_\_\_\_\_

- f. If the applicant's most recent certification was revoked by the board, on a separate piece of paper submit a written request for a hearing on reinstatement.

**Part E: Professional Record and Ethics**

1. Have any of the applicant's answers to the "Professional Records and Ethics" questions on the most recent application changed since filing the most recent application?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. If the answer to question 1 above is Yes, attach a separate piece of paper providing:

- a. Name;
- b. Address;
- c. Telephone number of organization;
- d. Docket Number;
- e. Type of action taken;
- f. Date of action;
- g. A description of the facts giving rise to the action;
- h. A description of the reason for such action, including whether it was claimed applicant engaged in misconduct in performance of his or her GAL duties, or that applicant was not of good character; and
- i. The procedural history of the matter, including whether the action was reversed or overturned on appeal.

**Part F: Other Information**

1. Has the applicant ever, since the last filing of an application, been a party to any family law or domestic relations proceeding, or any other non-criminal court case, proceeding or action of any type, in this or any other jurisdiction, including but not limited to any civil, equity, landlord/tenant, probate, bankruptcy, forfeiture or other action, proceeding or matter of any type whatsoever, other than traffic or parking offenses charged as a violation or cases in which the person served solely in the capacity of a guardian ad litem?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

2. If the answer to question 1 above is Yes, attach a separate piece of paper providing:

- a. The name and docket number of the case;
- b. The name of the court in which the matter was pending;
- c. The date that the matter was initiated;
- d. A description of the nature of the case; and
- e. Whether the matter is still pending.

3. The applicant certifies that:

- a. The information provided by the applicant on or in connection with the application form is, to the best of the applicant's knowledge and belief, true, accurate and complete and the

documentation provided in support of the application is a true and complete version of the documentation submitted;

- b. The applicant acknowledges that the information provided on the application form and the documentation provided to support the application is public information except to the extent exempted from public disclosure pursuant to RSA 91-A, court order, RSA 490-C or orders issued thereunder;
- c. The applicant specifically acknowledges that any and all information submitted to the board may be divulged by the board to any potential appointing court as well as to such other entities or persons as provided for by these rules or other law, including the New Hampshire judicial branch family division; and
- d. The applicant acknowledges that, pursuant to RSA 641:3, knowingly making a false representation on the application form is punishable as a misdemeanor.

---

Applicant's Signature

---

Date

---

Print Name

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
**DIVISION OF TECHNICAL PROFESSIONS**

121 South Fruit Street, Suite 201

Concord, N.H. 03301-2412

Telephone 603-271-2219 · Fax 603-271-7928

PETER DANLES  
Executive Director

JOSEPH SHOEMAKER  
Division Director



## **Guardian ad Litem Board**

### **CENTRAL REGISTRY INSTRUCTIONS**

Do not include these instructions with your mailing

Complete and mail the Central Registry form, and a self-addressed stamped envelope to the address listed at the bottom of the form. Additional forms are available for download at <http://www.dhhs.nh.gov/dcbcs/nhh/documents/central-registry.pdf>.

The Division for Children, Youth and Families will mail your form back to you with a stamp identifying any findings. Once you receive the stamped form, mail that original form and 3 copies to the board. The form cannot be submitted directly by the board due to privacy rules.

*Note: Your application is not considered complete until the board receives all required documents, therefore, the Central Registry form must be submitted under the same applicable timelines.*

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION  
STATE OF NEW HAMPSHIRE  
DIVISION OF TECHNICAL PROFESSIONS

121 South Fruit Street, Suite 201

Concord, N.H. 03301-2412

Telephone 603-271-2219 · Fax 603-271-6990

PETER DANLES  
Executive Director

JOSEPH SHOEMAKER  
Division Director



## Guardian ad Litem Board

### WAIVER OF CONFIDENTIALITY

I acknowledge and state that the application form, supporting documentation, and any other material received by the Guardian ad Litem Board from or about me may be disclosed to:

1. The Supreme, Superior, District, Probate and any other state court located in the State of New Hampshire, including the New Hampshire Judicial Branch Family Division;
2. The Federal District Court or any other court of the United State located in New Hampshire;
3. Any other court in any jurisdiction other than the above, and any certifying board, which requests information on the applicant in connection with the appointment, registration or certification of me as a guardian ad litem;
4. CASA, if I am a CASA volunteer; and
5. Any other person or entity not prohibited by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name