**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

**IN AND FOR BREVARD COUNTY, FLORIDA**

**JUVENILE DIVISION**

**IN THE INTEREST OF: CASE NO:**

 DOB: / /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

MINOR CHILD(REN)

**GUARDIAN AD LITEM REPORT TO THE COURT**

**Guardian ad Litem:**

**Type of Hearing:**

**Date of Hearing:**

**Length of Time child(ren) in out of home care:**

**Number of Placements:**

**Date of Report:**

1. **Recommendations and Observations of the Guardian ad Litem**:
2. **The Guardian ad Litem respectfully makes the following recommendations:**
3. **Placement/Safety**:
4. **Observations of the the child during GAL visits and/or sibling visitations (if applicable):**
5. **Observations on Parental Visits/Interactions:**
6. **Services Needed for Children:**
7. **Permanency Recommendations: The current goal is\_\_\_\_\_\_\_\_\_ and the goal date expires on\_\_\_\_\_\_\_\_\_\_.**
8. **The Guardian ad Litem respectfully submits the following statement(s) of the** **wishes of the child(ren):**
9. **Child’s Status (Optional)**
10. **Other (Optional)**

**Respectfully Submitted,**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**VCA name**

**Volunteer Child Advocate** **Date**

**Guardian Ad Litem Program**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**CAM name**

**Child Advocacy Manager**  **Date**

**Guardian Ad Litem Program**

I HEREBY CERTIFY that I reviewed/read the above Guardian Ad Litem’s Report and that it is being filed herein pursuant to Fla. Statute(s) 39.701 (2)(b); 39.807 (2)(b); or 39.822(4).

**By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **Esq.** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 Sharlene Gianfortune, Esq.

 Child’s Best Interest Attorney Date

 Guardian ad Litem Program

 FBN:

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 Viera, FL 32940

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