

2024-2025 Whatcom County GAL/Court Visitor Registry Application
Due October 20, 2024

NAME:	LAST	FIRST	MIDDLE	D.O.B
BUSINESS ADDRESS				PHONE
EMAIL ADDRESS				

EDUCATION

LEVEL AND LOCATION EDUCATION / YEAR DEGREE GRANTED	
NUMBER OF YEARS ON THE REGISTRY	NUMBER OF CASES <input type="checkbox"/> 0-25 <input type="checkbox"/> 26-50 <input type="checkbox"/> 51-75 <input type="checkbox"/> 76-100 <input type="checkbox"/> 100 +

REGISTRY INFORMATION

TYPE OF CASE (Check All That Apply) <input type="checkbox"/> Title 26 (Domestic) <input type="checkbox"/> Title 11 Minor Guardianship GAL <input type="checkbox"/> Title 11 Adult Guardianship Court Visitor <input type="checkbox"/> Title 11 Minor Guardianship Court Visitor <input type="checkbox"/> Minor Settlement <input type="checkbox"/> Adoption Home Study	Retainer Amount \$ _____ Accept Public Pay <input type="checkbox"/> Yes <input type="checkbox"/> No
FINGERPRINTS SUBMITTED: Y or N DATE:	Hourly Rate: \$ _____
OTHER CURRENT REGISTRIES Please list other jurisdiction(s)	Professional Credentials, Licenses

1. Mentoring Completed Yes No N/A Name of Mentor: _____

2. Have you ever been removed or resigned from a registry pursuant to a grievance action? No Yes (please explain below)

3. Do you have criminal history? No or Yes (please list charges below)

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4. Have you ever had a substantiated CPS, APS, or out of state equivalent finding?
[] No or [] Yes

I agree to advise the Court immediately in the event of any complaint, investigation, or action being commenced which could lead to:

- (i) Discipline of the applicant,
- (ii) Suspension or revocation of the applicant's professional license,
- (iii) Filing of criminal charges for a felony or a crime involving allegations of theft, dishonesty or moral turpitude.

I certify that I have:

- (a) Met the education and experience requirements,
- (b) Completed the training and mentoring requirements,
- (c) Read and agreed to be bound by the Court's policies in cases where compensation is sought at public expense, if applicable, and
- (d) Read and has agreed to be bound by Guardian ad Litem Code of Conduct (WCO 9.06 below).

Application Checklist:

- Completed Application
- CAN Check Form Completed
- WATCH Check Report (Returning Applicants) or Fingerprints Submitted/Notary Letter (New Applicants)
- Curriculum Vitae Attached

Signature _____

Date: _____

For Administrative Use:

- [] Notary Seal Letter (Fingerprints)
- [] Curriculum Vitae
- [] Watch Check: Criminal History [] Yes [] No
- [] CAN Check: CPS/APS finding [] Yes [] No

Application reviewed by GAL Advisory Committee on _____

- [] Registry: Approved [] Not Approved
- [] Letter Sent

WASHINGTON STATE PATROL
Identification and Background Check Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
 - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
 - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
 - Requesting _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name _____
Last First Middle

Alias/Maiden Name/Other Names Used _____

Date of Birth _____
Month/Day/Year

REQUESTOR INFORMATION: (Please type or print clearly)

Name Whatcom County GAL Program: C/O Superior and Juvenile Court Administrator

Address 311 Grand Ave, Suite 501

<u>Bellingham</u>	<u>WA</u>	<u>98225</u>
City	State	ZIP Code

Contact Phone Number (360) 778-5490

How would you like to receive your results? (Please select only one)

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- WSP Portal*
 - Portal Account # _____
 - Portal Username _____

*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account. To inquire on establishing an account contact us at CRDapplicantfollowup@wsp.wa.gov

* Background checks with notary letters will be mailed to the requestor.



Authorization By Subject of Records Requested

By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release my confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual, agency or organization identified on the **Child Abuse and Neglect Founded Findings Request**.

Subject's Signature

Print Name

Date