

GUARDIAN AD LITEM COMMENT/COMPLAINT FORM

CUYAHOGA COUNTY COMMON PLEAS COURT, DOMESTIC RELATIONS DIVISION

Name of Plaintiff/Petitioner

v./and

Name of Defendant/Respondent

Case No: _____

Judge: _____

Magistrate: _____

Re: _____, GAL

Name of Guardian ad Litem

Please describe the nature of the comment or complaint against the guardian ad litem below:

Printed Name

Signature

Date

Street Address

City

State

Zip Code

Telephone Number

Relationship to Case

*Send completed form to:
Director of Guardian ad Litem Program
Cuyahoga County Courthouse
1 W. Lakeside Avenue – Room 1
Cleveland, Ohio 44113
hrauzi@cuyahogacounty.us*