

**Parenting Investigator/Guardian ad Litem Roster Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Custody Investigator  Guardian ad litem

Date(s) of Training: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor: \_\_\_\_\_

Education background:

College Degree: \_\_\_\_\_

**(Custody Investigator applicants only)**

List experience in the delivery or supervision of child care or children=s services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Training Hours credited?: \_\_\_\_\_

Approximate number of hours served in this field?: \_\_\_\_\_

What ND Districts are you willing to serve?: \_\_\_\_\_

**Please return a copy of your resume, certificate of trainings, and form to:**

Lana Zimmerman

State Court Administrator's Office

600 East Boulevard Ave., Dept. 180

Bismarck, ND 58505-0530 email: lzimmerman@ndcourts.gov