

[ ] In re the Paternity of: \_\_\_\_\_  
[ ] In re the Marriage of: \_\_\_\_\_

**ORDER APPOINTING  
GUARDIAN AD LITEM**

\_\_\_\_\_  
Petitioner  
-- and --  
\_\_\_\_\_  
Respondent

Case # \_\_\_\_\_ FA / PA \_\_\_\_\_  
Family A B C D E  
KIDS IV-D # \_\_\_\_\_

*Petitioner's Attorney:* [name] \_\_\_\_\_

[Phone #] (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

*Respondent's Attorney:* [name] \_\_\_\_\_

[Phone #] (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

**ATTORNEY APPOINTED AS GUARDIAN AD LITEM:** \_\_\_\_\_

[Address] \_\_\_\_\_  
\_\_\_\_\_

[Phone #] (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

[ ] Initial appointment [ ] Re-appointment

- Hourly rate:
- [ ] Both parties are indigent for the purpose of this appointment at this time. The hourly rate of compensation for the GAL shall not exceed \$70.00 per hour and, subject to court approval, be paid by Milwaukee Co. The parties may be required to reimburse the county.
  - [ ] The hourly compensation rate for the GAL shall be as established by the GAL in writing, and subject to the approval of the judge. While the minimum hourly compensation rate for the GAL approved by the Family Court is \$100 per hour, the actual compensation rate for the GAL may reasonably exceed \$100 per hour. Objections to the GAL's hourly rate shall be raised prior to or at the first court hearing after appointment or are deemed waived.
  - [ ] The court sets the hourly fee for the GAL at \$ \_\_\_\_\_ .
  - [ ] The court shall determine the hourly fee for the GAL at a later time.

**PAYMENT OF THE GAL IS A COURT ORDER. FAILURE TO PAY AS ORDERED  
COULD RESULT IN A FINDING THAT THE PARENT IS IN CONTEMPT OF COURT.  
ONE OF THE POSSIBLE SANCTIONS IS CONFINEMENT IN THE HOUSE OF  
CORRECTIONS FOR UP TO SIX MONTHS.**

**MAKE ALL PAYMENTS DIRECTLY TO GUARDIAN AD LITEM** unless otherwise directed.

Deposit: [ ] \$ \_\_\_\_\_ to be paid on or before: [date] \_\_\_\_\_, 20 \_\_\_\_\_

To be paid by: [ ] Petitioner completely [ ] Respondent completely  
[ ] One-half by each party [ ] Other:

Monthly payments: [ ] Amount: \$ \_\_\_\_\_ per month due the first day of each month starting:

Paid by: [ ] Petitioner [ ] Respondent [ ] Both Parties [ ] Other: \_\_\_\_\_

[ ] **PAYMENT DEFERRED at this time** due to both parties being indigent at this time. This deferral shall be reviewed later by the court.

**Unless otherwise ordered by the judge, any amounts due to the GAL, over and above the deposit, shall be paid equally by the parties. If the court determines that one party is indigent, the non-indigent party will be liable for the entirety of the GAL fees but may seek an order requiring reasonable reimbursement from the indigent party. GAL fees are considered in the nature of support.**

Fund Withdrawal: Funds may be withdrawn by GAL from such deposit account upon submission of an itemized monthly statement to the parties.

**The parties shall remain current in paying the GAL after the deposit is earned unless they reach an agreement with the GAL for monthly payments..**

Date appointed: \_\_\_\_\_

Appointed by: \_\_\_\_\_  
Circuit Court Judge

Next Hearing: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Before: \_\_\_\_\_

Rm: \_\_\_\_\_ Milwaukee County Courthouse

## CONSENT TO SERVE

**By consenting to serve I agree that I will immediately undertake my duties as Guardian ad Litem, including any appearances at scheduled hearings before the Family Court Commissioner and/or the court, and to completely fulfill my duties without regard to whether or not I have received payment of any deposit ordered and/or any subsequent fees charged. I further agree that, pursuant to Chief Judge Directive 09-22, if I am seeking reimbursement from Milwaukee County for my services as a Guardian ad Litem, I must submit my request for reimbursement within 90 days of the last billable event.**

[ ] I consent to serve [ ] I DO NOT consent to serve [check one]

*Signature line omitted*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
State Bar Number

\_\_\_\_\_  
Date