

STATE OF WISCONSIN

CIRCUIT COURT

MILWAUKEE COUNTY

In re: \_\_\_\_\_

\_\_\_\_\_  
Petitioner

-- and --

\_\_\_\_\_  
Respondent

**ORDER APPOINTING  
GUARDIAN AD LITEM**

Case No.: \_\_\_\_\_

Family    A    B    C    D    E

RELOCATION:

Petitioner's Attorney: [Name] \_\_\_\_\_  
Phone Number: \_\_\_\_\_    Email Address: \_\_\_\_\_

Respondent's Attorney: [Name] \_\_\_\_\_  
Phone Number: \_\_\_\_\_    Email Address: \_\_\_\_\_

**ATTORNEY APPOINTED AS GUARDIAN AD LITEM (GAL):** [Name] \_\_\_\_\_  
Phone Number: \_\_\_\_\_    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 County. 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 at the first court hearing after appointment or are deemed waived.
- The court shall set the hourly fee for the GAL at \$\_\_\_\_\_
- The court shall determine the hourly fee for the GAL at a later time.

**PAYMENT OF THE GUARDIAN AD LITEM (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 UP TO SIX (6) MONTHS.  
MAKE ALL PAYMENTS DIRECTLY TO THE GUARDIAN AT LITEM (UNLESS OTHERWISE DIRECTED)**

**Deposit:** \$\_\_\_\_\_ to be on or before: [date] \_\_\_\_\_

- To be paid by:**  Petitioner  
 Respondent  
 One-Half Each Party  
 Other \_\_\_\_\_

**Monthly Payments:** \$\_\_\_\_\_

- To be paid by:**  Petitioner  
 Respondent  
 One-Half Each Party  
 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.

**Next Hearing:**

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

Time: \_\_\_\_\_

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

Room: \_\_\_\_\_, Milwaukee County Courthouse, 901 N. 9<sup>th</sup> St., Milwaukee, WI 53233

**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's Office 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 Directing 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.

[Check one]

I consent to serve.

I DO NOT consent to serve. Reason: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
STATE BAR NUMBER

\_\_\_\_\_  
DATE: