

**Family Matters
Guardian Ad Litem (GAL)
Attorney for Minor Child (AMC)
CHANGE OF INFORMATION FORM**

Step 1: Choose the type of change requested, date, and sign;
 Step 2: Complete the appropriate areas below with the updated information;
 Step 3: Review your updated information for accuracy;
 Step 4: Submit **original signed form** via U.S. Mail or **Email signed form** in PDF version to:

U.S. Mail: Judicial Branch
 Court Operations
 225 Spring Street – 2nd Floor
 Wethersfield, CT 06109
 Attn: Family Matters GAL/AMC Information Change
 Email: GALAMCFA@jud.ct.gov **Subject Line:** *GAL/AMC Information Change*

*** = Required Field**

Do you currently have a contract with the Division of Public Defender Services (DPDS) to accept state rate appointments? *

Yes No

TYPE OF CHANGE REQUESTED

Please make the following change(s) to my GAL/AMC information previously provided:

Note: All information provided is publicly disclosable.

Professional Contact Information Professional Qualifications Information Judicial District Information

Today's date *: _____ Original Signature *: _____

PROFESSIONAL CONTACT INFORMATION

Last Name *:		First Name *:		Middle Initial:	
Street Address:			P.O. Box:		
City:		State:	Zip Code:		
Business Tel:		Business Fax:		Cell Tel:	
Email Address:					

PROFESSIONAL QUALIFICATIONS INFORMATION

Have your professional qualifications changed? If so, please explain:

LANGUAGES	<input type="checkbox"/> Creole	<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Polish	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Spanish
OTHER LANGUAGE (not listed):						

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Last Name *		First Name *		Middle Initial	
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JUDICIAL DISTRICT INFORMATION

If applicable, please indicate the Judicial District location(s) that you are requesting to have added or removed for which you will accept GAL/AMC appointments:

	ADD	REMOVE
<input type="checkbox"/> Ansonia/Milford (AAN)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Danbury (DBD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fairfield (FBT)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hartford (HHD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Litchfield (LLI)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Meriden (NNI)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Middlesex (MMX)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Britain (HHB)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Haven (NNH)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Norwich/New London (KNO)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stamford (FST)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tolland (TTD)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waterbury (WWY)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Windham (WWM)	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT: If you have a contract with the Division of Public Defender Services (DPDS) and you want to request a change in the Judicial District location(s) for which you will accept state rate payments, you must contact the DPDS.

Initials *: _____ Date *: _____

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FOR INTERNAL USE ONLY

Date Change Form Received:	Method of Receipt:	Further info requested:
Date info requested:	Type info requested:	Date info received:
Date Updated:	Entered By Staff:	

(Rev. 7-5-12)