

**Kansas Third Judicial District  
Attorney Application for Court Appointment  
As Guardian *Ad Litem***

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

The undersigned hereby applies for inclusion in the list of attorneys available for appointment by the Court in the following types of cases:

- Guardianship/Conservatorship**
- Mental Illness, Alcoholism, Drug Addiction (Adults)**
- Decedent's Estates (Minors or Disabled Adults)**
- Adoptions**

Year graduated from law school: \_\_\_\_\_

C.L.E. courses taken in the past three years (Law school courses if in practice less than three years) that I believe will assist me in serving as a Guardian *Ad Litem*: \_\_\_\_\_

\_\_\_\_\_  
I understand that my compensation will be determined by the application of certain rates set by District Court Rule. I further understand that I am not required to have my name on the appointment list, and that by requesting that it be placed on the list, I agree to accept the compensation rate established by such rule.

I further agree that I will participate in C.L.E. programs that will assist me to remain current with changes in the law.

I hereby certify that I have read Supreme Court Rule 110A (2020 Kan. S. Ct. R. 110A) and understand the Standards for Guardians *Ad Litem*. I further certify that I am an attorney in private practice, regularly admitted to practice before the courts of the State of Kansas, and that my license is in good standing and will remain in good standing at all times while my name remains on the appointment list.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

- Approved
- Denied, reasons for denial: \_\_\_\_\_

Chief Judge: \_\_\_\_\_ Date: \_\_\_\_\_