

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

)	
)	
)	
and)	
)	
)	
Respondent)	

Case No. _____

CHILD REPRESENTATION ORDER

Pursuant to 750 ILCS 5/506, the court appoints the attorney named below to serve as:

- Child(ren)'s Representative.
- Attorney to represent the child(ren).
- Guardian ad litem (GAL).

The Parties shall contact the attorney and provide him/her with relevant pleadings within two (2) days.

1. Attorney
 Name: _____ Telephone _____
 Address: _____

2. Children		
Name	Age	Residing with
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Fees
 Fees, costs, and the initial retainer shall be paid as follows:

Party A _____ %

Party B _____ %

Other _____ %

Subject to reallocation yes or no

The initial retainer is set at \$_____ to be paid within _____ days.

The attorney appointed herein shall file with the court a detailed invoice for services rendered within 90 days and shall send a copy to each party. The case is set for the review of initial fees on _____
(Insert a date not later than 90 days from date of this order.)

4. Parties

Party A:

Name of Party _____ Telephone _____

Address _____

Attorney _____ Telephone _____

Attorney's address _____ FAX _____

Party B:

Name of Party _____ Telephone _____

Address _____

Attorney _____ Telephone _____

Attorney's address _____ FAX _____

5. Scope

- If appointed as an Attorney to represent the child(ren), the attorney shall represent the child(ren) in a normal attorney-client relationship.
- If appointed as a Child's Representative, the attorney shall advocate as *an attorney* for the child(ren)'s best interests and shall disclose the position as to what he/she intends to advocate in a pretrial memorandum that shall be served upon all concerned parties of record prior to the trial.
- If appointed as a GAL, the attorney shall submit a report addressing the following issues:

6. Rule 4.2 Consent

Pursuant to Rule 4.2 of the Rules of Professional Conduct, the attorneys for the parties hereby consent to direct communication between their clients and the attorney appointed to serve as an attorney for the child(ren) or as a Child's Representative. An attorney for a party may elect at any time to revoke a written 4.2 consent by written notice to the attorneys of record.

Attorney for Petitioner

Attorney for Respondent

7. Releases

- If one or more of the children herein is over the age of 12 and is or has been the recipient of mental health or developmental disabilities services, the attorney appointed herein is given leave to file a motion requesting an order authorizing him or her to inspect and copy any record kept by the therapist or agency in the course of providing such services pursuant to 740 ILCS 110/4(a)(5). Issue of release is reserved.
- If one of more of the children herein is under the age of 12 and is or has been the recipient of mental health or developmental disabilities services, the attorney appointed herein is given leave to file a motion requesting an order directing one of the parents to sign releases authorizing him or her to inspect and copy any record kept by the therapist or agency in the course of providing such services pursuant to 740 ILCS 110/4(a)(1). Issue of release is reserved.

8. Confidentiality

Confidentiality of Child Disclosures made at Lake County Children's Advocacy Center. All parties reviewing forensic interviews shall adhere to the confidentiality and accessibility laws including the following Children's Advocacy Center Act, 55 ILCS 80/1 *et seq.*, Abused and Neglected Child Reporting Act, 325 ILCS 5/1 *et seq.*, the Child Sex Abuse Prevention Act, 325 ILCS 15/0.01 *et seq.*, the Juvenile Court Act of 1987, 705 ILCS 405/1-1 *et seq.* and 705 ILCS 405/5-101 *et seq.*, and the Privacy of Child Victims of Criminal Sexual Offenses Act, 725 ILCS 190/1 *et seq.*, and the Crime Victims Witnesses Act and other associated privileges. 725 ILCS 120et. *seq.*

9. Other _____

Dated: _____

Enter: _____

JUDGE

Prepared by:

Name: _____ SRL

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____