



# INDUSTRIAL COMMISSION OF ARIZONA

## Motion for Guardian Ad Litem (GAL) – Incapacitated Adult

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

### *Claim Information*

CLAIMANT FIRST NAME: \_\_\_\_\_

CLAIMANT LAST NAME: \_\_\_\_\_

ICA CLAIM NUMBER: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

INSURANCE CARRIER CLAIM No.: \_\_\_\_\_

### *Incapacitated Adult Information*

FULL NAME OF INCAPACITATED ADULT: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IN SUPPORT OF THIS MOTION ATTACHED IS A REPORT OF A PSYCHOLOGIST OR PSYCHIATRIST (*Required*)

### *Proposed GAL\* (Check EITHER option "A" or "B" below)*

- A. I REQUEST THAT AN ATTORNEY BE APPOINTED BY THE ADMINISTRATIVE LAW JUDGE  
or
- B. I PROPOSE THE ATTORNEY NAMED BELOW BE APPOINTED GAL

FULL NAME OF ATTORNEY FOR PROPOSED GAL: \_\_\_\_\_

AZ STATE BAR LICENSE NO.: \_\_\_\_\_ TEL.: \_\_\_\_\_

STREET: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### *I certify that:*

- (1) I am an interested party or an authorized representative of an interested party, and that I am authorized to sign this form;
- (2) All of the representations in this form are true, accurate, and complete;
- (3) I understand that an Administrative Law Judge will conduct an evidentiary hearing before it can be determined if this motion will be granted; and
- (4) I agree to appear at any hearings at the designated date(s) and time(s).

Submitter Name: \_\_\_\_\_ Submitter Signature: \_\_\_\_\_

Submitter Email: \_\_\_\_\_ Submitter Phone No.: \_\_\_\_\_

**\* Under Arizona law, in workers' compensation claims the Guardian Ad Litem is required to be an attorney licensed to practice law in the State of Arizona. A.A.C. R20-5-227(A). If an attorney is not listed on this form, the administrative law judge assigned to the matter can appoint an attorney from the ICA Legal Division at no cost to the parties.**