



# INDUSTRIAL COMMISSION OF ARIZONA

## Motion for Guardian Ad Litem (GAL) – Minor

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

### Claim Information

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

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

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

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

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

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

### Minor Information

#### (Birth Certificate(s) Required)

FULL NAME OF MINOR No. 1: \_\_\_\_\_ AGE: \_\_\_\_\_ Birth Certificate Uploaded

FULL NAME OF MINOR No. 2: \_\_\_\_\_ AGE: \_\_\_\_\_ Birth Certificate Uploaded

FULL NAME OF MINOR No. 3: \_\_\_\_\_ AGE: \_\_\_\_\_ Birth Certificate Uploaded

FULL NAME OF MINOR No. 4: \_\_\_\_\_ AGE: \_\_\_\_\_ Birth Certificate Uploaded

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

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

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

I certify that:

(1) I am an interested party or an authorized representative of an interested party and I am authorized to sign this form; and

(2) All of the representations in this form are true, accurate, and complete.

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.**

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990.

IF YOU NEED THIS DOCUMENT IN AN ALTERNATIVE FORMAT, CALL (502) 542-4661.

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