BACKGROUND AND STATEMENT OF QUALIFICATIONS AS REQUIRED BY RCW RCW 26.12.175(3)

COVER PAGE

	Information
Business Name/Firm Name:	Amanda Taylor GAL Services
Phone Number:	509-596-9770
Mailing Address:	5426 N. Rd 68 Ste. D#249, Pasco, WA 99301
Registry Email:	Amanda.taylor.gal@gmail.com

Title 26 GAL
Background Information Record as required by RCW 26.12.175(3)

****This will be posted on the Benton & Franklin Counties Superior Court Website for public viewing****

I, **Amanda Taylor,** have the following background, knowledge, training, and experience to be on the ***Benton-Franklin Title 26 Guardian ad Litem Registry***:

A. Highest level of formal education: Master's of Psychology, Applied behavioral analysis Certificate, Child Mental health Specialist, Mental health Professional

B. General training related to Guardian ad Litem's duties: Guardian ad Litem annual training

C. Specific training related to issues potentially faced by children in dissolution, custody, paternity, and other family law proceedings: Addressing Challenging behavior in early childhood, Developmental stages birth to 5 years old, Externalizing and Disruptive behavior disorders in children and adolescents, Identifying,Preventing and Responding to Abuse and Neglect.

D. Specific training or education related to child disability or developmental issues Master's Degree with Child Mental health specialization

E. Number of years' experience as a Guardian ad Litem: 10

F. Number of appointments as a Guardian ad Litem [*as of today's date*] and the county or counties of appointment:

   a) Number of appointments: 30

   b) Counties appointed in: 2

G. I have been previously removed from a Guardian ad Litem registry pursuant to a grievance action:

☒ No

☐ Yes [Please explain each instance on a page and attach hereto. Include the name of the county, court and cause number(s).]

H. I have founded allegations of abuse or neglect as defined in RCW 26.44.020:

☒ No

☐ Yes [Please explain each instance on a page and attach hereto.]

I. A background check is completed annually by Benton/Franklin Counties Superior Court through Washington state patrol criminal identification section.

J. A statement of my criminal history [as defined in RCW 9.94.A.030] for the period covering ten years prior to this date was supplied to Benton/Franklin Counties Superior Court.

K. Other information not required by statute:

   a. I have the following professional licenses or certifications: Child Mental Health Specialist, Agency Affiliated counselor

   b. I have the following trial experience as a GAL: 8 trials

   c. Other: _____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Amanda Taylor 1/29/24
Signature & Date

Amanda Taylor
Printed Name