

CATEGORY E and/or CATEGORY F MENTOR SIGN – UP

NAME: _____

ATTORNEY ? YES NO

CLINICIAN ? YES NO

BUSINESS ADDRESS: _____

BEST PHONE CONTACT NO.: _____

AREAS OF EXPERTISE, IF ANY: _____

OTHER INFORMATION YOU WISH TO SHARE:

SIGNATURE: _____

DATE SUBMITTED: _____

If interested, please complete and email **or** mail this form by **October 31, 2018** to:

E-mail: jocelynn.welsh@jud.state.ma.us

Address: Jocelynn Deborah Welsh, Esq., Administrative Attorney
Probate and Family Court Department
John Adams Courthouse
One Pemberton Square, Mezzanine
Boston, MA 02108

THANK YOU!