

<p>Mail Application to: Probate and Family Court Administrative Office John Adams Courthouse One Pemberton Square Mezzanine Boston, MA 02108</p>	<p>REAPPLICATION (currently on Category E) to the Probate and Family Court Department for Appointment as Guardian <i>ad litem</i> Category E - CLINICIAN</p>	<p><i>FOR COURT USE ONLY</i></p> <p>Initial Review _____</p> <p>Approved _____</p> <p>Entered _____</p>
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Name: _____

Firm/Organization Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

B.O.R. Number: _____ Website: _____

Proficient in the following languages: _____

Special experience/expertise (optional): _____

I am licensed to practice medicine with a speciality in psychiatry a licensed psychologist
 a licensed independent clinical social worker a licensed marriage and family therapist
 a licensed rehabilitation counselor a licensed mental health counselor

I certify that I have been licensed since _____, that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

I further certify that:

I have the required experience and expertise to continue to serve as guardian *ad litem* evaluator for custody, visitation, parenting time or adoption issues pursuant to G.L. c. 215, § 56A.

My current hourly rate is \$ _____.

I currently have professional liability insurance of at least the minimum required to practice in Massachusetts. A copy of the insurance binder is included with this application.

I agree that, if offered, I will accept each year, at least one case paid by the Commonwealth at the hourly rate set by the Trial Court.

I request and will accept appointments from the following (**maximum of four**) divisions of the Probate and Family Court Department:

Barnstable Berkshire Bristol Dukes Essex Franklin Hampden
 Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester

I understand that this reapplication is for reappointment as:
 Guardian *ad litem* evaluator for custody, visitation, and adoption issues pursuant to G. L. c. 215, § 56A

I have accepted appointments on the following cases paid by the Commonwealth in accordance with this requirement:

Name of Case: Division and Docket Number: Date of Appointment: Appointing Judge:

I have not been offered a case to be paid by the Commonwealth

Please list your three most recent private party pay cases in which a GAL report was submitted:

Name of Case: Division and Docket Number: Date Report Submitted: Appointing Judge:

Please check Divisions from which you received appointments in the last five years:

- | | | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Barnstable | <input type="checkbox"/> Berkshire | <input type="checkbox"/> Bristol | <input type="checkbox"/> Dukes | <input type="checkbox"/> Essex | <input type="checkbox"/> Franklin | <input type="checkbox"/> Hampden |
| <input type="checkbox"/> Hampshire | <input type="checkbox"/> Middlesex | <input type="checkbox"/> Nantucket | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Plymouth | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Worcester |

If this application is APPROVED, I understand that:

1. When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
2. If I am appointed as guardian *ad litem* and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven days of such request.
3. To remain on this list for appointments, I understand that I am required to attend, on an annual basis, the mandatory training set forth by the Administrative Office of the Probate and Family Court Department. I understand that if I have not provided the necessary certificate of completion of this training, along with the certificate of good standing from the B.O.R issued not more than 30 days prior, by December 15th of each year, I will be removed from the list and be ineligible for appointments.

WITH THIS REAPPLICATION, I AM SUBMITTING THE FOLLOWING:

- a copy of my resumé or *curriculum vita*;
- a copy of my insurance binder;
- a certificate of good standing, dated within the past 30 days, from the Board of Registration that issues my license; and
- a copy of three (3) GAL reports as identified above, with all personal, identifying information redacted. These should be identified with the docket number only.

I agree that the Administrative Office may access a CARI (Criminal Activity Record Information) report. I understand that this is required as a condition of my inclusion on the fee generating appointment list and, that the report will be kept confidential at the Probate and Family Court Administrative Office.

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____ Signature: _____