

<p><b>Mail Application to:</b>          Probate and Family Court          Administrative Office          John Adams Courthouse          One Pemberton Square          Mezzanine          Boston, MA 02108</p>	<p><b>REAPPLICATION</b>          (currently on Category F)          to the          Probate and Family Court Department          for Appointment as Guardian <i>ad litem</i>          Category F - ATTORNEY</p>	<p style="text-align: right; font-size: small;"><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.B.O. Number: \_\_\_\_\_ Website: \_\_\_\_\_

Proficient in the following languages: \_\_\_\_\_

Special experience/expertise (optional): \_\_\_\_\_

I certify that I was admitted to practice before the Supreme Judicial Court on \_\_\_\_\_, that I remain in good standing to practice before the courts of the Commonwealth of Massachusetts, 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 a guardian *ad litem* pursuant to G. L. c. 215, §§ 56A, 56B, G. L. c. 190B, §§ 1-404, 5-106(b), a guardian pursuant to G. L. c. 208, § 15, and counsel pursuant to G. L. c. 208, § 16.

My current hourly rate is \$ \_\_\_\_\_.

I currently have professional liability insurance with coverage of \$100,000 or more. 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* investigator for domestic relations or custody/visitation/adoption issues pursuant to G. L. c. 215, § 56A, 56B  
 Guardian *ad litem* or next friend pursuant to G. L. c. 190B, §§ 1-404, 5-106(b), guardian pursuant to G. L. c. 208, § 15, and  
 counsel pursuant to G. L. c. 208, § 16.

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 reapplication 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 SJC issued not more than 30 days prior, by December 15<sup>th</sup> of each year, I will be removed from the list and be ineligible for appointments.

**WITH THIS APPLICATION, 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 Supreme Judicial Court;
- 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: \_\_\_\_\_