

Mail Application to:
Denise M. Fitzgerald, Esq.
Administrative Office
Probate and Family Court
John Adams Courthouse
Pemberton Square, Mezzanine
Boston, MA 02108

Application for the
Probate and Family Court Department Fee Generating List

For court use only

Reviewed: _____

Category E

Entered: _____

For appointment as a Guardian *ad litem* – Evaluator
for custody, visitation and adoption issues
pursuant to G. L. c. 215, § 56A

Name: _____
Firm/Organization Name: _____
Address: _____
Telephone Number: _____
E-mail Address: _____
License Number: _____

I am licensed to practice medicine or psychology, or I am a licensed independent clinical social worker, a licensed marriage and family therapist, a licensed rehabilitation counselor or a licensed mental health counselor. Specifically, I certify that I have been licensed as a _____ by the Board of Registration in _____ 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 had at least three years of experience since I received my license conducting clinical evaluations for and/or providing therapy to family members involved in, or subject to, court proceedings involving issues of child custody and visitation, including paternity, guardianship of minor, state intervention, divorce and post-divorce cases; **or**
- I have a doctorate in clinical psychology, I am licensed to practice psychology and, since obtaining my doctorate in clinical psychology, I have had at least four years of experience conducting clinical evaluations and/or providing therapy to family members involved in, or subject to, court proceedings involving issues of child custody and visitation, including paternity, guardianship of minor, state intervention, divorce and post-divorce cases, and the four years of practice were under the supervision of, or in collaboration with, the following licensed psychologist(s):
_____.

I currently have professional liability insurance with coverage of \$100,000 or more. The insurance company that issued the policy is: _____. The policy number is: _____.
The limits of liability are: _____.

I WILL accept appointments from the following (up to four) divisions of the Probate and Family Court Department:

- | | | | | | | |
|-------------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <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 |

I understand that, by virtue of being approved for the Category E list, I am also eligible to be approved for the Category F list (Guardian *ad litem*/Investigator). Please do do not include my name on the list for Category F.

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 Probate and Family Court. I understand that if I have not mailed the necessary certificate of completion for the training, along with a certificate of good standing with the Board of Registration issued not more than 30 days prior, by December 31st of each year, that I will be removed from the list and be ineligible for appointments.

I agree that, if I am appointed as a 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.

I have attached to this Application a copy of my resume or c.v., a certificate of completion for the mandatory training, and a certificate of good standing, dated within the past 30 days, from the Board of Registration that issues my license.

I certify, under the penalties of perjury, that all of the above information is true and complete.

Date: _____ Signature: _____