

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 F - Attorney

Entered: _____

For appointment as a Guardian *ad litem*, guardian or counsel for domestic relations or custody/visitation/adoption issues pursuant to G. L. c. 215, §§ 56A, 56B, G. L. c. 208, §§ 15, 16, G. L. c. 190B, §§ 1-404, 5-106 and as a Guardian *ad litem* to exercise or waive privileges in a non-state intervention case

Name: _____
Firm/Organization Name: _____
Address: _____
Telephone Number: _____
E-mail Address: _____
B.B.O. Number: _____

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 at least three years of experience practicing in the domestic relations field in the courts of the Massachusetts Probate and Family Court Department, including cases involving divorce, paternity, custody, visitation, child support, alimony and contempt; **and**
- I have the required experience and expertise to serve as a guardian *ad litem* pursuant to G. L. c. 215, §§ 56A, 56B, G. L. c. 190B, §§ 1-404, 5-106, a guardian pursuant to G. L. c. 208, § 15, and counsel pursuant to G. L. c. 208, § 16.

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 |

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: _____