GUARDIAN AD LITEM CERTIFICATE OF SERVICES - Pg 1	DOCKET NO(S).	**Trial Court of Massachusetts** **Juvenile Court Department**

CASE NAME:	Vendor Code No.:	DIVISION

(Name of Guardian Ad Litem)

(Address of Guardian Ad Litem)

(Telephone Number)

(Name of Appointing Justice)

CERTIFICATION OF GUARDIAN AD LITEM

I certify under the pains and penalties of perjury that I have performed the services described below and that the services and time spent were necessary and were within the scope of the services for which I have been appointed by the court to perform.

(Date) (Signature)

CERTIFICATION OF JUSTICE

- ☐ Guardian Ad Litem/Extraordinary Medical Treatment
  Type: _____
  (See GAL Appointment form)
- ☐ Guardian Ad Litem/Education Surrogate
- ☐ Guardian Ad Litem/Legal Rights
- ☐ Guardian Ad Litem/Evaluator
- ☐ Guardian Ad Litem/Competency
- ☐ For apppointments made prior to 11/17/08 and not listed above, specify:

_____

I have reviewed and approve as appropriate the above named Guardian Ad Litem's bill and itemization of services.

(Date) (Signature of Justice)

(ONE FORM PER APPOINTMENT)

GUARDIAN AD LITEM CERTIFICATE OF SERVICES - Pg ____	DOCKET NO(S).	Trial Court of Massachusetts Juvenile Court Department
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ITEMIZATION OF SERVICES

NOTE: ATTACH A COPY OF APPOINTMENT AND ANY APPROVED MOTION(S) FOR ADDITIONAL TIME.

DATE OF SERVICE	TIME SPENT (List hours)	BILLING AMOUNT	DESCRIPTION OF WORK
Total Hours:		Total Amount:	

_____ Date

_____ (Signature)