



APPLICATION
Probate and Family Court Department
Category AA
Professional Parenting Time Supervisor

Email Application Package to:

pandf.feegenerating@jud.state.ma.us

First Name:

Middle Name:

Last Name:

Mother's Maiden/Birth Name:

Last 4 digits of your Social Security number:

Business Name, if any:

Email Address:

Mailing Address:

Website Address:

Mobile Telephone Number:

Office Telephone Number:

Registration Number from Licensing Board, if any:

Proficiency in languages other than English (optional):

Special experience/expertise (optional):

- ☐ I have a bachelor's degree in _____ ; and
- ☐ I have a minimum of 3 years working with children in a professional capacity as a _____ ; and
- ☐ I am not an employee of the Massachusetts Trial Court; and
- ☐ I am a mandated reporter pursuant to G. L. c. 119, § 21 due to profession and/or licensure, or have been in the last five years; and
- ☐ (If applicable) I certify I have been licensed as a _____ , by the Board of Registration in _____ since _____ and I remain in good standing with said Board of Registration.

☐ I certify I have no current or past court order in which I was the person being supervised. (If you cannot certify, please explain here.)

☐ I certify I have not been the subject of any complaints to my licensing board in the past five years. (If you cannot certify, please explain here.)

☐ I certify that I have no felony or misdemeanor convictions, no CWOs (continued without a finding) related to a crime against a child; no open case with the Department of Children and Families; never had a G. L. c. 119, § 51B supported against me; nor am I under a current order for electric monitoring. (If you cannot certify, please explain here.)

☐ I certify that I have not been the subject of any complaints filed with the Administrative Office of the Probate and Family Court pursuant to Uniform Practice I. Removal From Fee Generating Appointment List in the five years. (If you cannot certify, please explain here.)

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

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

If this application is APPROVED, I understand that:

- ☐ If I am appointed as a professional parenting time supervisor 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.
- ☐ When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
- ☐ I must attend a mandatory training before my name is added to the fee generating appointment list.
- ☐ 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 by the required date each year, I will be removed from the list and be ineligible for appointments.
- ☐ I must update my address, phone number, and email address whenever they change by emailing pandf.feegenerating@jud.state.ma.us with the updated information.

My current hourly rate is \$

- ☐ I understand that I have an affirmative obligation to timely notify the Administrative Office of the Probate and Family Court at pandf.feegenerating@jud.state.ma.us if at any time my answers to the questions contained herein change.

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

- ☐ a copy of my current resume or *curriculum vita* detailing my experience working with children in a professional capacity; and
- ☐ a current copy of my insurance binder showing a minimum coverage of \$100,000; and

- ☐ I agree that the Administrative Office may run a search of the CORI, CARI, WMS and DCF systems. 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.

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: _____