

Mail Application to:
Probate and Family Court
Administrative Office
Three Center Plaza
Suite 210
Boston, MA 02108
Attn. fee generating

Application for the
Probate and Family Court Department Fee Generating List

For court use only

Reviewed: _____

Category D

For appointment as:

Entered: _____

Guardian *ad litem* or next friend pursuant to
G. L. c. 190B, §§ 1-404, 5-418; G. L. c. 203A, § 3; G. L. c. 203E, § 305
Trustee pursuant to G. L. c. 203, § 4; G. L. c. 203E, §§ 408, 414, 704
Person to enforce a trust pursuant to G. L. c. 203E, §§ 408(f), 409(2)

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 probate law in the Probate and Family Court of Massachusetts, (one of the years may have been serving a term as a law clerk for the Probate and Family Court Department), **or**
- I have at least three years of experience as an Assistant Register, Assistant Judicial Case Manager, Judicial Case Manager in the Probate and Family Court, or Probate and Family Court judge, **and**
- I am familiar with the provisions of G. L. c. 190B, G. L. c. 203, G. L. c. 203A, and G. L. c. 203E, I have the required experience and expertise to serve as a guardian *ad litem* or next friend in matters relating to the probate of wills and estates, to serve as a trustee pursuant to G. L. c. 203 and G. L. c. 203E, and to serve as a person to enforce a trust pursuant to G. L. c. 203E, §§ 408(f) and 409(2).

I currently have professional liability insurance with coverage of \$100,000 or more. The insurance company that issued the policy 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 comply with the annual mandatory continuing education requirements set forth by the Probate and Family Court. I understand that if I have not mailed the necessary certificate of completion for the training 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 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 agree that, if offered, I will accept at least one case paid by the Trial Court each year.

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 Supreme Judicial Court.

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

Date: _____

Signature: _____