

APPLICATION - Category D

For appointment as:



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).

Massachusetts Trial Court Probate and Family Court

Email Application Package to:
pandf.feegenerating@jud.state.ma.us

First Name:

Middle Name:

Last Name:

Firm/Business Name:

Email Address:

Mailing Address:

Website Address:

Mobile Telephone Number:

Office Telephone Number:

BBO Number:

Proficiency in languages other than English (optional):

Special experience/expertise (optional):

I certify that I:

☐ was admitted to practice before the Supreme Judicial Court on _____, and that I remain in good standing to practice in Massachusetts; and

☐ have had at least three years of experience practicing probate law in the Probate and Family Court Department (one of the years may have been serving as a law clerk for the Probate and Family Court Department),

OR

☐ have at least three years of experience as an Assistant Register, Assistant Judicial Case Manager, or Judicial Case Manager in the Probate and Family Court, or Probate and Family Court judge,

AND

☐ 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), 409(2).

☐ I certify that I have not been charged with or arrested for any felonies. (If you cannot certify this, please explain here.)

☐ I certify I have not been the subject of any complaints to the my licensing board(s). (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. (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

My current hourly rate is \$

If this application is APPROVED, I understand that:

- ☐ When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
- ☐ 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 7 days of such request.
- ☐ 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 am required to comply with the annual mandatory continuing education requirements set forth by the Administrative Office of the Probate and Family Court. I understand that if I have not emailed the necessary documentation by the required date of 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 to pandf.feegenerating@jud.state.ma.us with the updated information.

- ☐ 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 vitae* detailing my experience practicing probate law or employment with the Probate and Family Court and my familiarity with the relevant statutes; and
- ☐ a current copy of my insurance binder showing a minimum coverage of \$100,000; and
- ☐ a certificate of completion for the mandatory training.

- ☐ I agree that the Administrative Office may access a CARI (Criminal Activity Record Information) report. 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 at the Administrative Office of the Probate and Family Court.

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: _____