



APPLICATION - Category E

For appointment as:

GUARDIAN AD LITEM PURSUANT TO G. L. c. 215, § 56A

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, if any:

Email Address:

Mailing Address:

Website Address:

Mobile Telephone Number:

Office Telephone Number:

Board of Registration Number:

Proficiency in languages other than English (optional):

Special experience/expertise (optional):

I certify that I am:

- ☐ licensed to practice medicine with a specialty in psychiatry
- ☐ a licensed independent clinical social worker
- ☐ a licensed rehabilitation counselor

- ☐ a licensed psychologist
- ☐ a licensed marriage and family therapist
- ☐ a licensed mental health counselor

and that I have been licensed since _____.

AND

☐ I certify that I have the required experience and expertise to serve as a guardian *ad litem* pursuant to G. L. c. 215, § 56A.

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

☐ I certify that I have not been the subject of any complaints to 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:

I understand that, by virtue of being approved for the Category E list, I am also eligible to be approved for the Category F list (Guardian *ad litem* Investigator).

☐ I would like to also be included on the Category F list.

☐ I would not like to be included on the Category F list.

My current hourly rate is \$

☐ I agree that, if offered, I will accept each year at least one case paid by the Commonwealth at the hourly rate set by the Executive Office of the Trial Court.

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 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 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 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 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 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 as a clinician; and

☐ a current copy of my insurance binder showing a minimum coverage of \$100,000; and

☐ a writing sample (e.g. a clinical report/family evaluation prepared in a non-forensic context) prepared solely by the applicant, and no longer than 10 pages, with identifying information redacted.

☐ 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: _____