



APPLICATION - Category F - ATTORNEY

Guardian ad litem Investigator - domestic relations or custody/parenting time/adoption case, G. L. c. 215, § 56A; Guardian ad litem or next friend, G. L. c. 190B, § 1-404, § 5-106(b); Guardian for incompetent divorce defendant, G. L. c. 208, § 15; Counsel in divorce action to investigate or to investigate and defend, G. L. c. 208, § 16; Guardian ad litem to commence contempt action, G. L. c. 215, § 56B; Guardian to exercise or waive privileges in non-state intervention cases

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:

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 in the domestic relations field in the Probate and Family Court Department, including cases involving divorce, parenting time, paternity, custody, visitation, child support, alimony and contempt;

AND

- ☐ have the required experience and expertise to serve as a guardian *ad litem* pursuant to G. L. c. 215, §§ 56A, 56B, guardian ad litem/next friend pursuant to G. L. c. 190B, §§ 1-404, 5-106(b), a guardian pursuant to G. L. c. 208, § 15, counsel pursuant to G. L. c. 208, § 16, and guardian to exercise or waive privileges in non-state intervention cases.

- ☐ 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:

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

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 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 in the domestic relations field; and
- ☐ a current copy of my insurance binder showing a minimum coverage of \$100,000; and
- ☐ a writing sample (e.g. a Pre Trial memo, Trial memo, Memorandum of Law, etc.) 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: _____