

Mail Application to:
List Coordinator
Administrative Office
Probate and Family Court Dept.
2 Center Plaza, Suite 210
Boston MA 02108

Application
to the
Probate and Family Court Department
for appointment as
Guardian *ad Litem*/Next Friend
in:

For court use only

Reviewed _____
Entered _____

G.L. c. 119, § 23(C) or G.L. c. 210 cases to exercise or waive privileges,
Adoption of Diane, 400 Mass. 196 (1987), G.L. c. 112, § 135B; G.L. c. 233, § 20B, or
for a minor parent signing an adoption surrender. *Adoption of Thomas*, 408 Mass. 446 (1990)

Name: _____
(Street and Number)

Firm Name: _____
(Street and Number)

Address: _____
(Street and Number)

(City or Town) (State) (Zip Code)

Telephone No. (_____) _____ B.B.O. # _____
(Area Code)

E-Mail Address _____

CATEGORY



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 in the Probate and Family Courts of Massachusetts, including custody cases pursuant to G.L. c. 119, § 23.C, and adoption consent cases pursuant to G.L. c. 210, § 3(b), and including issues of waiver of privilege,
- that I am certified by the Committee for Public Counsel Services to accept appointments as counsel for children and parents in state intervention custody and adoption consent cases,
- that I am familiar with the provisions of G.L. c. 112, §§ 135, 135A, 135B and 129A and G.L. c. 233, § 20B, **and**
- that I have the required experience and expertise to serve as a guardian *ad litem*/next friend for children or incompetent parents to exercise or waive their privileges and to serve as a guardian *ad litem*/next friend for a minor parent who is considering signing a G.L. c. 210, § 2 adoption surrender.

I have currently in effect professional liability insurance with coverage of \$100,000 or more. The insurance company which issued the policy is:

(Name of Company)

The policy number is: _____
(Policy Number)

The limits of liability are: _____
(Limits of Liability)

I request and I **WILL** accept appointments from the following (not more than **four**) divisions of the Probate and Family Court Department:

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

I understand that I will be required each year, after 2001, to complete six hours of continuing legal education in the adoption, adoption consent and privilege fields to remain on the list for these appointments. I agree that, 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 seven days of the request. I understand that, to remain on the list, I must mail to the List Coordinator each January, after 2001, a certificate of my good standing with the Board of Bar Overseers dated that January.

I have attached to this Application a **copy of my resume** and a **certificate** of my good standing with the Board of Bar Overseers. The certificate was issued not more than 30 days ago.

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

Date: _____

(Signature of Applicant)