

<p>Mail Application to: Probate and Family Court Administrative Office John Adams Courthouse One Pemberton Square Mezzanine Boston, MA 02108</p>	<p>APPLICATION to the Probate and Family Court Department for Appointment for Appointment Category H ROGERS MONITOR ROGERS and geriatric ROGERS cases G. L. c. 190B §5-306A(b)</p>	<p><i>FOR COURT USE ONLY</i></p> <p>Initial Review</p> <p>Approved</p> <p>Entered</p>
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Name: _____

Firm/Organization Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

B.O.R. Number: _____ Website: _____

Proficient in the following languages: _____

Special experience/expertise (optional): _____

I am

- A. an attorney licensed to practice before the Supreme Judicial Court on _____ (date) and have at least three years of related professional experience since licensure in Massachusetts. I certify 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.
- B. a person with an advanced degree in medicine psychology social work with at least three years of related professional experience since licensure in Massachusetts. I certify that I have been licensed since _____ (date), that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

I currently have professional liability insurance coverage of \$100,000 or more. A copy of the insurance binder indicating the date and amount of coverage is included with this application.

I request and will accept appointments from the following (**maximum of four**) divisions of the Probate and Family Court Department:

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

I am currently on the Category A fee-generating appointment list.

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

- a copy of my resumé or *curriculum vita*;
- a copy of my insurance binder;
- a certificate of good standing, dated within the past 30 days, from the Board of Registration that issues my license.

If this application is APPROVED, I understand that:

1. When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
 2. If I am appointed as ROGERS Monitor and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven (7) days of such request.
 3. To remain on this list for appointments, I understand that I am required to attend, on an annual basis, a minimum of six (6) hours of continuing education approved by the Administrative Office of the Probate and Family Court.
 4. I will receive payment as a ROGERS Monitor from the Commonwealth, for up to ten(10) hours per calendar year without prior judicial approval. SEE Rogers v Commissioner of the Department of Mental Health, 390 Mass. 489 (1983). Any excess over ten(10) hours per calendar year must be approved by a judge. A motion accompanied by a supporting affidavit which indicated special circumstances regarding the administration of antipsychotic medication which warrants the need for additional hours must be presented.
- 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 Probate and Family Court Administrative Office.

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