

Mail Application to:
Probate and Family Court
Administrative Office
John Adams Courthouse
One Pemberton Square
Mezzanine
Boston, MA 02108
attn. fee gen.

Application
to the
Probate and Family Court Department
for appointment as
Guardian *ad Litem*
in actions involving:

For court use only

Reviewed _____

Entered _____

Protective Services, Elderly Person, G.L. c. 19A, § 20
or
Protective Services, Disabled Person, G.L. c. 19C, § 7

Name: _____
(Street and Number)

Firm Name: _____
(Street and Number)

Address: _____
(Street and Number)

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

Telephone No. (_____) _____
(Area Code)

B.B.O. # _____

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 guardianship/conservatorship law in the Probate and Family Courts of Massachusetts, including cases involving protective services for elderly and/or disabled persons, **and**
- that I am familiar with the provisions of G.L. c. 19A and G.L. c. 19C, **and**
- that I have the required experience and expertise to serve as a guardian *ad litem*/next friend for elderly and disabled people who have been the victims of physical or emotional abuse and/or financial exploitation in matters commenced pursuant to G.L. c. 19A and c. 19C.

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 guardianship/conservatorship/elder abuse/disabled person abuse 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 March, after 2001, a certificate of my good standing with the Board of Bar Overseers dated that March.

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)