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 Reviewed

Entered

Guardian ad Litem

in actions involving:

Alienation of Land, G.L. c. 183, § 50; Partition of Land belonging to ward, G.L. c. 201, § 39;

Partition of Land, G.L. c. 241, § 9;

and appointment as: Commissioner for partition of real estate, G.L. c. 241,§ 12

Name:				
	(Street and Number)			
Firm Name:				CATEGORY
	(Street and Number)			
Address:				
	(Street and I			
	(City or Town)	(State)	(Zip Code)	
Telephone No.	() (Area Code)	B.B.O. #		
	(Area Code)			
E-Mail Address				

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 ten years of experience practicing in the probate field in the Probate and Family Courts of Massachusetts, and in the real estate field, including at least three cases* involving the partition of real estate in each of which cases real estate was partitioned or sold after appointment of a commissioner, **and**
- □ that I am familiar with the provisions of G.L. c. 241, and
- □ that I have the required experience and expertise to serve as a guardian *ad litem* in actions involving alienation of land, G.L. c. 183, § 50; partition of land belonging to a ward, G.L. c. 201, § 39; and partition of land, G.L. c. 241, § 9; and to serve as a commissioner for partition of real estate, G.L. c. 241, § 12.

*Three of the partition cases in which I was appointed guardian *ad litem*, appointed commissioner, or in which I had an appearance as counsel, and in which real estate was partitioned or sold after appointment of a commissioner, are:

	DIVISION	DOCKET NUMBER	NAME OF CASE	MY CAPACITY IN CASE
I				

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)

(Policy Number)

The policy number is:

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 three hours of continuing legal education in the probate and partition of real estate fields to remain on the list for these appointments. I agree that, if I am appointed as a guardian *ad litem* or commissioner 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 April, after 2001, a certificate of my good standing with the Board of Bar Overseers dated that April.

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.

[10/00C]