

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
Expert in Mental Illness
in actions involving:

For court use only

Reviewed _____

Entered _____

Guardianship of Mentally Ill Persons — G.L. c. 201, §§ 6(a), 6(e)

Name: _____
(Street and Number)

Firm Name: _____
(Street and Number)

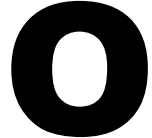
Address: _____
(Street and Number)

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

Telephone No. (_____) _____ License # _____
(Area Code)

E-Mail Address _____

CATEGORY



I am licensed to practice medicine, and I devote a substantial portion of my time to the practice of psychiatry, or I am licensed to practice psychology, or I am a certified psychiatric nurse clinical specialist, and I certify that I have been licensed as a _____ by the Board of Registration in _____ since _____, that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

I further certify

- that I have practiced medicine while devoting a substantial amount of my time to the practice of psychiatry for at least five years, **and** that I have been qualified in courts of the Commonwealth as an expert in the evaluation and treatment of mentally ill persons in at least three different court cases, **or**
- that I have practiced psychology for at least five years since being licensed as a psychologist, **and** that I have been qualified in courts of the Commonwealth as an expert in the evaluation and treatment of mentally ill persons in at least three different court cases, **or**
- That I have practiced as certified psychiatric nurse clinical specialist for at least five years, **and** that I have been qualified in courts of the Commonwealth as an expert in the evaluation and treatment of mentally ill persons in at least three different court cases.

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 professional education in the evaluation and treatment of mental illness field to remain on the list for these appointments. I agree that, if I am appointed as an expert 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 June, after 2001, a certificate of my good standing with the Board of Registration dated that June.

I have attached to this Application **a copy of my resume** and **a certificate** of my good standing with the Board of Registration which issues my license. 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)