

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 of

For court use only

Reviewed _____

Entered _____

Mentally Ill Person, G.L. c. 201, §§ 6, 14; Mentally Retarded Person, G.L. c. 201, §§ 6A, 14
Person Unable to Communicate Informed Decisions, G.L. c. 201, § 6B

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

Q

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 law in guardianship cases in the Probate and Family Courts of Massachusetts, including at least two cases in which I was appointed guardian of the person and of the estate,
- that I have filed and had allowed by the Court at least one account in a case* in which I was appointed guardian, **and**
- that I have the required experience and expertise to serve as a guardian of a mentally ill person, G.L. c. 201, §§ 6, 14; of a mentally retarded person, G.L. c. 201, §§ 6A, 14; and of a person unable to communicate informed decisions, G.L. c. 201, § 6B.

*A case in which my account as guardian was allowed by the Court is:

DIVISION	DOCKET NUMBER	NAME OF CASE	JUDGE WHO ALLOWED

I understand that I cannot bill the Commonwealth of Massachusetts for services rendered as a guardian unless my authority includes consenting to the administration of anti-psychotic medication, and that if my appointment does contain such authority, I can bill the Commonwealth only if I am also appointed the *Rogers* monitor and then **only** for monitoring that treatment process and **not** for other services that may be required by my appointment as guardian.

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 field to remain on the list for these appointments. I agree that, if I am appointed as a guardian 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 July, after 2001, a certificate of my good standing with the Board of Bar Overseers dated that July.

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)