APPLICATION - Category Q

For appointment as:

Guardian of an Incapacitated Person (Adult)
G. L. c 190B, § 5-306

Massachusetts Trial Court
Probate and Family Court

Email Application Package to:
pandf.feegenerating@jud.state.ma.us

First Name:	Middle Name:	Last Name:
Firm/Business Name:		
Email Address:		
Mailing Address:		
Website Address:		
Mobile Telephone Number:	Office Telephone Number:	
BBO Number:		
Proficiency in languages other than English (optional):		
Special experience/expertise (optional):		

I certify that I:

☐ was admitted to practice before the Supreme Judicial Court on _____ , and that I remain in good standing to practice in Massachusetts; and

☐ have at least 3 years of experience appearing in guardianship of an incapacitated person cases in the Massachusetts Probate and Family Court, including at least 1 case in which I was appointed guardian of the adult, namely

Division _____ Docket _____ ; and

☐ have the required experience and expertise to serve as a guardian of an incapacitated person pursuant to G. L. c. 190B, § 5-306.

☐ I certify that I have not been charged with or arrested for any felonies or any other crimes against an incapacitated or elderly person. (If you cannot certify this, please explain here.)

_____

_____

☐ I certify I have not been the subject of any complaints to my licensing board(s). (If you cannot certify, please explain here.)

_____

_____

☐ I certify that I have not been the subject of any complaints filed with the Administrative Office of the Probate and Family Court pursuant to Uniform Practice I. Removal from fee generating appointment list. (If you cannot certify, please explain here.)

_____

_____

I WILL accept appointments from the following (up to four divisions) of the Probate and Family Court Department:

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

My current hourly rate is $ _____

☐ I understand that I cannot bill the Trial Court for services rendered as a guardian. I may bill the Trial Court for services rendered related to authority that includes consenting to the administration of anti-psychotic medication, but only if I am also appointed the *Rogers* monitor, in which case bills will be submitted under that appointment.

If this application is APPROVED, I understand that:

☐ When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.

☐ If I am appointed and a person with an appearance in the case requests a certifcate of my professional liability insurance, I will provide the certificate within 7 days of such request.

☐ To remain on this list for appointments, I understand that I am required to complete any ongoing training requirements established by the Administrative Office of the Probate and Family Court.

☐ I must update my address, phone number, and email address whenever they change by emailing pandf.feegenerating@jud.state.ma.us with the updated information.

☐ I understand that I have an affirmative obligation to timely notify the Administrative Office of the Probate and Family Court at pandf.feegenerating@jud.state.ma.us if at any time my answers to the questions contained herein change.

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

☐ a copy of my current resume or *curriculum vitae* detailing my experience appearing in guardianship of an incapacitated person cases in the Massachusetts Probate and Family Court and my familiarity with the relevant statutes; and

☐ a current copy of my insurance binder showing a minimum coverage of $100,000.

☐ I agree that the Administrative Office of the Probate and Family Court 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 Administrative Office of the Probate and Family Court.

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: _____