

**APPLICATION FOR APPOINTMENT
AS COURT INVESTIGATOR**
(G.L. c. 119, § 24: Care and Protection Cases)

**Massachusetts Trial Court
Juvenile Court Department**



APPLICANT INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Mother's Maiden Name/Birth Name: _____

Last 4 of SSN: _____ Email Address: _____ Telephone No.: _____

Mailing Address: _____

BBO Number and/or Registration Number from Licensing Board, if any: _____

Proficiency in languages other than English (*optional*): _____

I AM SEEKING APPOINTMENT IN THE FOLLOWING COUNTY (*check one*): ☐ Barnstable/Town of Plymouth ☐ Berkshire
☐ Bristol ☐ Essex ☐ Franklin/Hampshire ☐ Hampden ☐ Middlesex ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

QUALIFICATIONS (*check all that apply*):

I certify that:

- ☐ I am a licensed social worker with 1 or more years experience in child welfare protective cases.
- ☐ I have an undergraduate degree and knowledge of child welfare protective cases demonstrated through educational trainings/coursework or relevant work experience and experience in conducting investigations or writing reports.
- ☐ I am an attorney in good standing with the Massachusetts Bar with experience in child welfare protective cases.

I HAVE BEEN APPOINTED AS AN ATTORNEY (ATTY), COURT INVESTIGATOR (CI), AND/OR GUARDIAN AD LITEM (GAL) IN THE FOLLOWING DIVISIONS OF THE JUVENILE COURT (*check all that apply*):

- | | | | | | |
|---|------------------------------------|-----------------------------------|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Barnstable/Town
of Plymouth | <input type="checkbox"/> Berkshire | <input type="checkbox"/> Bristol | <input type="checkbox"/> Essex | <input type="checkbox"/> Franklin/Hampshire | <input type="checkbox"/> Hampden |
| <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty |
| <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI |
| <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL |
| <input type="checkbox"/> Middlesex | <input type="checkbox"/> Norfolk | <input type="checkbox"/> Plymouth | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Worcester | |
| <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | <input type="checkbox"/> Atty | |
| <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | <input type="checkbox"/> CI | |
| <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | <input type="checkbox"/> GAL | |

- ☐ I certify that I have not been the subject of any complaints to the MA BBO and/or my licensing board in the past five years. If you cannot certify, please explain here.

☐ I certify that I have no felony or misdemeanor convictions, no CWOs (continued without a finding) related to a crime against a child; no open case with the Department of Children and Families; never had a G.L. c. 119, §58B report supported against me; nor am I under a current order for electronic monitoring. 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 Juvenile Court in the past five years. If you cannot certify, please explain here.

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.
- ☐ To remain on this list for appointments, I understand that I am required to attend any mandatory trainings set forth by the Administrative Office of the Juvenile Court. I understand that if I do not complete the trainings as required, I will be removed from the list and be ineligible for appointments.
- ☐ I must update my address, phone number and email address whenever they change by emailing the county of my appointment with the updated information as instructed in my approval letter.
- ☐ I must update the county of my appointment immediately whenever I need to be removed from the list for an extended period of time due to illness, vacation, or workload.
- ☐ I understand that I have an affirmative obligation to timely notify the county of my appointment if at any time my answers to the questions contained herein change.

With this application, I am submitting the following:

- ☐ A letter of interest addressing my qualifications
- ☐ Current resume, listing relevant educational training or classes
- ☐ Writing sample, in a legal memorandum or legal motion format for attorneys, and in a report format for non-attorneys
- ☐ Two references from persons with knowledge of my qualifications.

- ☐ I agree that the Juvenile Court may conduct a search of the CORI, CARI, WMS and DCF systems. 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.

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: _____