APPLICATION FOR APPOINTMENT OF COUNSE For Parent of Minor Child Guardianship of Minor	Docket No.		Commonwealth of Massachusetts The Trial Court Probate and Family Court	
In the Interests of:				Division
Minor				
Information about the Requesting Party:				
Name: First Name	M.I.	Last Name		
(Address)	(Apt, Unit, No. etc.)	(City/Town)	(State)	(Zip)
Primary Phone #:	Email:			
I hereby request the Court appoint an attorney for			of the minor na	med above.
I request a waiver of the \$150.00 counsel fee a	assessment under G.L.	c. 211D, § 2A (f).		
Date				

Right to counsel: If you are a parent of the minor child who is the subject of this proceeding you have a right to be represented by an attorney. If you want an attorney and cannot afford to pay for one and if you give proof that you are indigent, an attorney will be assigned to you. Your request for an attorney should be made immediately by filling out the Application for Appointment of Counsel form. Submit the application form in person or by mail at the court location where your case is going to be held.

Counsel for any indigent ward, incapacitated person or person to be protected shall be compensated by the Commonwealth.