APPLICATION FOR APPOINTMENT OF COUNSEL For Parent of Minor Child Guardianship of Minor

Docket No.

Massachusetts Trial Court
Probate and Family Court

In the Interests of:

First Name _____ Middle Name _____ Last Name _____

Minor

_____ **Division**

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.

Submit this application form in person or by mail at the court location where your case is going to be held.

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 myself as I am the parent of the minor named above.

Relationship to minor: _____

☐ I request a waiver of the $150.00 counsel fee assessment under G.L. c. 211D, § 2A (f).

Date: _____ _____

Signature of Requesting Party