The Commonwealth of Massachusetts THE ADMINISTRATIVE OFFICE OF THE SUPERIOR COURT APPLICATION FOR FEE GENERATING APPOINTMENTS IN SUPERIOR COURT

Name					
Address					
City		State	Zip	Code	
Phone Nur	mber		Fax Number		
E-Mail		BBO#		Date of Admission	
befo	tify that I am admitted to practice before re the courts of the Commonwealth of M currently in effect professional liability in certify:	assachuse	etts, that I have no	t been convicted of a	
that I	have at least five years experience as a	practicing	g attorney within th	e Commonwealth of	Massachusetts
<u>and</u>	(check the box that is applicable to the list to which you wish to be added)				
that I have the required experience and expertise to serve as a master in accordance with Mass. R. Civ. P. 53 and Superior Court Rule 49					
that I have experience and have received training as an arbitrator					
that I have experience and expertise to serve as a guardian ad litem					
I request	and will accept appointments in the Sup	erior Cou	rt in the following o	counties (not more th	an four):
•	hat if I am appointed as a master, receiv uests a certificate of my professional liab				
I have at	tached a letter of interest and my resu	me to this	s application.		
I certify under the penalties of perjury that all of the above information is true.					
Data	Signatura				

Please mail your application to: Michael J. Morse, Field Coordinator, Superior Court Administrative Office, Three Pemberton Square, 13th Floor, Boston, MA 02108 or email it to michael.morse@jud.state.ma.us.