

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 Number Fax Number

E-Mail BBO# Date of Admission

I certify that I am admitted to practice before the Supreme Judicial Court and remain in good standing to practice before the courts of the Commonwealth of Massachusetts, that I have not been convicted of any felony, and that I have currently in effect professional liability insurance with coverage of \$100,000 or more.

I further certify:

that I have at least five years experience as a practicing attorney within the Commonwealth of Massachusetts

and (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 the required experience and expertise to serve as a **receiver** in accordance with Mass. R. Civ. P. 66 and Superior Court Rule 51

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 Superior Court in the following counties (not more than **four**):

<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

I agree that if I am appointed as a master, receiver, arbitrator, or guardian *ad litem*, and the court or attorney/party in a case requests a certificate of my professional liability insurance, that I will provide it within **seven** days of such request.

I have attached a **letter of interest and my resume to this application.**

I certify under the penalties of perjury that all of the above information is true.

Date: _____ Signature: _____

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.