

**Mail Application to:**  
Administrative Office  
of the Juvenile Court  
1 Center Plaza, 7th Floor  
Boston, MA 02108

**APPLICATION  
to the  
Juvenile Court Department  
for Appointment as Guardian Ad Litem**

*FOR COURT USE ONLY*

Initial Review

Approved

Entered

**Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Telephone (Bus):** \_\_\_\_\_ **Telephone (Res):** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**BBO No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*All notices and announcements regarding the guardian ad litem fee-generating appointment list are sent by email.*

**1) I have been appointed as an attorney (Atty), court investigator (CI), and/or a guardian ad litem (GAL) in the following county division(s) of the Juvenile Court: (check all that apply)**

- |                                     |                                    |                                   |                                  |  |                                  |
|-------------------------------------|------------------------------------|-----------------------------------|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Barnstable | <input type="checkbox"/> Berkshire | <input type="checkbox"/> Bristol  | <input type="checkbox"/> Essex   | <input type="checkbox"/> Franklin/Hamp | <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           |                                  |

**2) Have you ever been removed from a fee-generating appointment list as an attorney, court investigator, or guardian ad litem?  No  Yes** If yes, please describe the circumstances for removal, indicate the court(s) of removal and type of appointment(s) removed from.

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**Name:** \_\_\_\_\_

**3) Have you ever been investigated by the Department of Children and Families for allegations of child abuse and/or neglect?  No  Yes** If yes, describe the circumstances of the investigation.

**4) I will accept appointments from the following county division(s) of the Juvenile Court Department:  
(Please note: Appointments include all court locations within a county division.)**

- |                                     |                                    |                                   |                                  |  |                                  |
|-------------------------------------|------------------------------------|-----------------------------------|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> Barnstable | <input type="checkbox"/> Berkshire | <input type="checkbox"/> Bristol  | <input type="checkbox"/> Essex   | <input type="checkbox"/> Franklin/Hamp | <input type="checkbox"/> Hampden |
| <input type="checkbox"/> Middlesex  | <input type="checkbox"/> Norfolk   | <input type="checkbox"/> Plymouth | <input type="checkbox"/> Suffolk | <input type="checkbox"/> Worcester     |                                  |

**5) GUARDIAN AD LITEM CATEGORIES AND QUALIFICATIONS - Select and complete the guardian ad litem category(ies) for which you are applying. Refer to *Uniform Practice and Procedure Regarding the Appointment of Guardians Ad Litem Juvenile Court Department 01-2015* for a complete description of each category.**

**Guardian Ad Litem - Extraordinary Medical Treatment qualifications:** An attorney who is a member in good standing of the Massachusetts Bar with five (5) years experience in child welfare protective cases or five (5) years experience representing adults in extraordinary medical care matters.

**I certify that:**

I am an attorney and member in good standing of the Massachusetts Bar with,

**Check all that apply:**

- five (5) years experience in child welfare protective cases.
- five (5) years experience representing adults in extraordinary medical care matters.

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**Guardian Ad Litem - Treatment Monitor qualifications:** An attorney who is a member in good standing of the Massachusetts Bar with three (3) years experience in child welfare protective cases or with three (3) years experience representing adults in extraordinary medical care matters.

**I certify that:**

I am an attorney and member in good standing of the Massachusetts Bar with,

**Check all that apply:**

- three (3) years experience in child welfare protective cases.  
 three (3) years experience representing adults in extraordinary medical care matters.

**Guardian Ad Litem - Education Surrogate qualifications:** An individual who is not employed by an agency involved in the care or education of his/her assigned student, who does not have personal or professional interests that conflict with the assigned student's interest and who has or is willing to obtain adequate knowledge in special education and IEP process or an attorney who is a member in good standing of the Massachusetts Bar with three (3) years experience representing the interest of children in education matters.

**I certify that (check all that apply):**

- I have or  I am willing to obtain adequate knowledge in special education and IEP process.  
 I am an attorney and member in good standing of the Massachusetts Bar with three (3) years experience representing the interests of children in educational matters.

**Guardian Ad Litem - Legal Rights/Privilege  
and/or**

**Guardian Ad Litem - Legal Rights/Claims**

**Qualifications:** An attorney who is a member in good standing of the Massachusetts Bar with three (3) years experience in child welfare protective cases.

**I certify that:**

I am an attorney and member in good standing of the Massachusetts Bar with three (3) years experience in child welfare protective cases.

**Guardian Ad Litem - Legal Rights/Advisor qualifications:** An attorney who is a member in good standing of the Massachusetts Bar with three (3) years experience in child welfare protective cases or with three (3) years experience in delinquency and/or youthful offender cases.

**I certify that:**

I am an attorney and member in good standing of the Massachusetts Bar with,

**Check all that apply:**

- three (3) years experience in child welfare protective cases.  
 three (3) years experience in delinquency and/or youthful offender cases.

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**Name:** \_\_\_\_\_

**Guardian Ad Litem - Evaluator qualifications:** An individual with a Masters degree or higher degree who holds a Massachusetts license in social work, counseling psychology or clinical psychology or who is a registered nurse with at least three (3) years experience in child welfare protective cases, or an attorney who is a member in good standing of the Massachusetts Bar with at least five (5) years experience in child welfare protective cases.

**I certify that (check all that apply):**

I have a Masters degree or higher degree and hold a license in:

social work License No. \_\_\_\_\_  clinical psychology License No. \_\_\_\_\_

counseling psychology License No. \_\_\_\_\_

I am a registered nurse with at least three (3) years experience in child welfare protective cases.

License No. \_\_\_\_\_

I am an attorney and member in good standing of the Massachusetts Bar with at least five (5) years experience in child welfare protective cases.

**Guardian Ad Litem - Diminished Capacity qualifications:** An individual with a Masters degree or higher degree who holds a Massachusetts license in social work, counseling psychology or clinical psychology.

**I certify that (check all that apply):**

I have a Masters degree or higher degree and hold a license in:

social work License No. \_\_\_\_\_  clinical psychology License No. \_\_\_\_\_

counseling psychology License No. \_\_\_\_\_

If I am approved to accept appointments, I understand that I am required to participate in six (6) hours of continuing education per year. I understand that if I have not mailed the necessary certificate of completion of continuing legal, clinical, or other education program approved by the Administrative Office of the Juvenile Court (AOJC) by June 30th of each year, that I will be ineligible to accept appointments. The following documents are attached to my application:

- 1) Letter of interest addressing my qualifications,
- 2) Current resume, including relevant educational training or classes in which I participated as an attendee or instructor,
- 3) Three references including contact information, and
- 4) Notarized Consent to Criminal Offender Record Information Check (AOJC form JV-083).

I understand that the Administrative Office of the Juvenile Court will not process my application unless I provide all of the above listed documents.

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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