

**APPLICATION FOR APPOINTMENT  
AS GUARDIAN AD LITEM**

**Massachusetts Trial Court  
Juvenile Court Department**



**APPLICANT INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Mother's Maiden Name/Birth Name: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

BBO Number and/or Registration Number from Licensing Board, if any: \_\_\_\_\_

Proficiency in languages other than English (*optional*): \_\_\_\_\_

**I AM SEEKING APPOINTMENT IN THE FOLLOWING COUNTY (*check one*):**  Barnstable/Town of Plymouth  Berkshire  
 Bristol  Essex  Franklin/Hampshire  Hampden  Middlesex  Norfolk  Plymouth  Suffolk  Worcester

**GUARDIAN AD LITEM CATEGORIES AND QUALIFICATIONS: Select and complete the guardian ad litem category(ies) for which you are applying.**

**GAL-Extraordinary Medical Treatment: I certify that**

I am an attorney in good standing with 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.

**GAL-Treatment Monitor: I certify that**

I am an attorney in good standing with 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.

**GAL-Education Surrogate: I certify that**

**Check all that apply:**

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

**GAL-Legal Rights/Privilege and/or GAL Legal Rights/Claims: I certify that**

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

**GAL-Legal Rights Advisor: I certify that**

I am an attorney in good standing with 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.

**GAL-Evaluator: I certify that**

**Check all that apply:**

- I have a Masters degree or higher and hold a license in:  
 Social Work  Clinical Psychology  Counseling Psychology

- I am a registered nurse with at least three (3) years experience in child welfare protective cases.
- I am an attorney in good standing with the Massachusetts Bar with at least five (5) years experience in child welfare protective cases.

**GAL-Diminished Capacity: I certify that**

**Check all that apply:**

- I have a Master degree or higher and hold a license in:
- Social Work     Clinical Psychology     Counseling Psychology

**I HAVE BEEN APPOINTED AS AN ATTORNEY (ATTY), COURT INVESTIGATOR (CI), AND/OR GUARDIAN AD LITEM (GAL) IN THE FOLLOWING DIVISIONS OF THE JUVENILE COURT (check all that apply):**

- |   |  |   |  |   |  |
|---|--|---|--|---|--|
| <input type="checkbox"/> Barnstable/Town<br>of Plymouth | <input type="checkbox"/> Berkshire<br>Atty | <input type="checkbox"/> Bristol<br>Atty  | <input type="checkbox"/> Essex<br>Atty   | <input type="checkbox"/> Franklin/Hampshire<br>Atty | <input type="checkbox"/> Hampden<br>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<br>Atty              | <input type="checkbox"/> Norfolk<br>Atty   | <input type="checkbox"/> Plymouth<br>Atty | <input type="checkbox"/> Suffolk<br>Atty | <input type="checkbox"/> Worcester<br>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                        |  |

- I certify that I have not been the subject of any complaints to the MA BBO and/or my licensing board in the past five years. If you cannot certify, please explain here.

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- I certify that I have no felony or misdemeanor convictions, no CWOFS (continued without a finding) related to a crime against a child; no open case with the Department of Children and Families; never had a G.L. c. 119, §58B report supported against me; nor am I under a current order for electronic monitoring. If you cannot certify, please explain here.

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- I certify that I have not been the subject of any complaints filed with the Administrative Office of the Juvenile Court or the Administrative Office of the Probate and Family Court in the past five years. If you cannot certify, please explain here.

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If this application is approved, I understand that:

- When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
- To remain on this list for appointments, I understand that I am required to attend any mandatory trainings set forth by the Administrative Office of the Juvenile Court. I understand that if I do not complete the trainings as required, I will be removed from the list and be ineligible for appointments.
- I must update my address, phone number and email address whenever they change by emailing the county of my appointment with the updated information as instructed in my approval letter.
- I must update the county of my appointment immediately whenever I need to be removed from the list for an extended period of time due to illness, vacation, or workload.
- I understand that I have an affirmative obligation to timely notify the county of my appointment if at any time my answers to the questions contained herein change.

With this application, I am submitting the following:

- A letter of interest addressing my qualifications
- Current resume, listing relevant educational training or classes
- Writing sample, in a legal memorandum or legal motion format for attorneys, and in a report format for non-attorneys
- Two references from persons with knowledge of my qualifications.
  
- I agree that the Juvenile Court may conduct a search of the CORI, CARI, WMS and DCF systems. I understand that this is required as a condition of my inclusion on the fee generating appointment list and that the report will be kept confidential.

**SIGNED UNDER THE PENALTIES OF PERJURY**

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

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