



THE COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT ADMINISTRATIVE OFFICE  
Three Center Plaza, Suite 210  
Boston, MA 02108

John D. Casey  
Chief Justice

TEL: (617) 788-6600  
FAX: (617) 788-8995

Category E and Category F  
State-pay Requirement Form – Calendar Year 2020

To be emailed to [pandf.feegenerating@jud.state.ma.us](mailto:pandf.feegenerating@jud.state.ma.us)  
with continuing education requirements by December 30, 2020.

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

- I was appointed as a guardian ad litem, receiving the state-paid rate, in the following matter in calendar year 2020:

Name of case: \_\_\_\_\_

Division: \_\_\_\_\_

Docket number: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Date report due: \_\_\_\_\_

- I have not been contacted to accept a guardian ad litem appointment at the state-paid rate in calendar year 2020.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date