

**GUARDIAN AD LITEM  
CERTIFICATE OF SERVICES**



**MASSACHUSETTS TRIAL COURT  
HOUSING COURT**

DOCKET NO.	COURT DEPARTMENT <b>HOUSING COURT</b>	COURT DIVISION
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CASE NAME:

**GUARDIAN AD LITEM CONTACT INFORMATION**

NAME	VENDOR CODE NUMBER
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MAILING ADDRESS

TELEPHONE NUMBER	EMAIL ADDRESS
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NAME OF APPOINTING JUSTICE

**CERTIFICATION OF GUARDIAN AD LITEM**

I certify under the penalties of perjury:

I performed the services listed in the attached Guardian Ad Litem Itemization of Services, and the time and services were necessary and within the scope of the Court's order. I have filed all required reports with the Court.

I further certify that I  have  have not previously billed for services provided within the scope of this appointment.

If applicable, please complete. Number of Hours billed: \_\_\_\_\_

Amount billed: \$ \_\_\_\_\_

DATE	SIGNATURE OF GUARDIAN AD LITEM	BBO# / LICENSE# (If applicable)
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**CERTIFICATION OF JUSTICE**

I have reviewed and approve as appropriate the above-named Guardian Ad Litem's attached itemization of services for payment.

DATE	SIGNATURE OF JUSTICE
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