GUARDIAN AD LITEM
ITEMIZATION OF SERVICES

MASSACHUSETTS TRIAL COURT
HOUSING COURT

DOCKET NO.	COURT DEPARTMENT **HOUSING COURT**	COURT DIVISION
CASE NAME		
PRINTED NAME OF GUARDIAN AD LITEM		VENDOR CODE NUMBER

ITEMIZATION OF SERVICES
(shall not include travel, court waiting time nor time for preparation of this form)

ATTACH THE FOLLOWING: A COPY OF APPOINTMENT AND A COPY OF ANY APPROVED MOTION(S). FAILURE TO PROVIDE THE REQUIRED ATTACHMENTS WILL DELAY PROCESSING OF THIS FORM FOR PAYMENT.

DATE OF SERVICE	**START TIME/ END TIME**	**TIME SPENT** ***(In Minutes)***	**DESCRIPTION OF WORK** ***(Please specify)***
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $50.00 per hour = Total Amount: $ _____**

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

GUARDIAN AD LITEM
ITEMIZATION OF SERVICES

MASSACHUSETTS TRIAL COURT
HOUSING COURT

DOCKET NO.	COURT DEPARTMENT **HOUSING COURT**	COURT DIVISION
CASE NAME		
PRINTED NAME OF GUARDIAN AD LITEM		VENDOR CODE NUMBER

ITEMIZATION OF SERVICES
(shall not include travel, court waiting time nor time for preparation of this form)

ATTACH THE FOLLOWING: A COPY OF APPOINTMENT AND A COPY OF ANY APPROVED MOTION(S). FAILURE TO PROVIDE THE REQUIRED ATTACHMENTS WILL DELAY PROCESSING OF THIS FORM FOR PAYMENT.

DATE OF SERVICE	**START TIME/ END TIME**	**TIME SPENT** ***(In Minutes)***	**DESCRIPTION OF WORK** ***(Please specify)***
Total Minutes:			**Total Minutes Divided by 60 = _____ Hours** **X $50.00 per hour = Total Amount: $ _____**

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