GUARDIAN AD LITEM MOTION FOR ADDITIONAL HOURS/EXTENSION OF TIME	DOCKET NO.	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	APPOINTMENT DATE	DIVISION
	NEXT COURT DATE	

MOTION FOR ADDITIONAL HOURS/EXTENSION OF TIME TO FILE REPORT

I, _____ , request:
(NAME)

☐ Additional hours. No. of hours requested *(not to exceed 10 Hours)*: _____
No. of previously approved requests for additional hours: _____

☐ Extension of time to file my report.
No. of previously approved requests for extension of time: _____

I am appointed as a Guardian Ad Litem for: *(check category of appointment)*

Extraordinary Medical Treatment

☐ A. Antipsychotic Medication Recommendation
☐ B. Forgoing or Discontinuing Life Sustaining/Medical Treartment
☐ C. Administration of Medical Treatment and/or Procedure

☐ **Treatment Monitor**

☐ **Evaluator** *(Issue)*: _____

Legal Rights

☐ A. Privilege
☐ B. Claims
☐ C. Advisor

☐ **Education Surrogate**

☐ **Diminished Capacity**

REASON(S) FOR REQUEST
(MUST BE COMPLETED)

_____

_____

_____

_____

_____

NOTE: If additional space is needed, please fill out and attach a separate sheet.

DATE	SIGNATURE OF GUARDIAN AD LITEM

TO BE COMPLETED BY COURT

☐ Motion is hereby allowed

_____ Hours
(not to exceed 10 hours)

_____ Due Date

☐ Motion is hereby denied

DATE	SIGNATURE OF JUSTICE