GUARDIAN AD LITEM'S CERTIFICATE OF SERVICES Page 1	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

NAME & ADDRESS OF GUARDIAN AD LITEM	NAME OF APPOINTING JUSTICE
TELEPHONE NUMBER:	

CERTIFICATION OF GUARDIAN AD LITEM

I certify under the pains and penalties of perjury:

that I have performed the services described in the attached Guardian Ad Litem Itemization of Services, that the services and time were necessary and were within the scope of the services for which I have been appointed, and that, where applicable, I have filed the original report with the Court as required.

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

If applicable, please complete. No. of Hours billed: _____

Amount billed: $ _____

DATE	SIGNATURE OF GUARDIAN AD LITEM

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

GUARDIAN AD LITEM'S ITEMIZATION OF SERVICES Page 2 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

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 = 0.000 Hours** **X $50.00 per hour = Total Amount: $ .00**	

DATE	SIGNATURE OF GUARDIAN AD LITEM	PRINT NAME

GUARDIAN AD LITEM'S ITEMIZATION OF SERVICES Page 3 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:		**Total Minutes Divided by 60 = 0.000 Hours** **X $50.00 per hour = Total Amount: $ .00**	

DATE	SIGNATURE OF GUARDIAN AD LITEM	PRINT NAME

GUARDIAN AD LITEM'S ITEMIZATION OF SERVICES Page 4 of ____	DOCKET NUMBER	Trial Court of Massachusetts Juvenile Court Department
CASE NAME	VENDOR CODE NUMBER	DIVISION

ITEMIZATION OF SERVICES

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

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DATE OF SERVICE	START TIME/ END TIME	TIME SPENT (In Minutes)	DESCRIPTION OF WORK *(Please Specify)*
Total Minutes:		**Total Minutes Divided by 60 = 0.000 Hours** **X $50.00 per hour = Total Amount: $ .00**	

DATE	SIGNATURE OF GUARDIAN AD LITEM	PRINT NAME