

GUARDIAN AD LITEM APPLICATION



MASSACHUSETTS HOUSING COURT

QUALIFICATIONS

1. Member of the bar in good standing OR an individual who holds a Massachusetts license in social work, counseling, or psychology.
2. A minimum of \$100,000 in professional liability insurance.
3. At least 5 years professional experience in one or more of the following fields: 1) legal work; 2) housing services; 3) social work; 4) counseling; 5) psychology.
4. Completion of training as designated by the Housing Court.

APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	COURT DIVISION
FIRM/BUSINESS NAME <i>(optional)</i>		EMAIL ADDRESS	
MAILING ADDRESS			
MOBILE TELEPHONE NUMBER		OFFICE TELEPHONE NUMBER <i>(optional)</i>	
PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH <i>(optional)</i>			

I certify that I am: *(select one)*

- An attorney in good standing. My BBO Registration number is: _____.
- An individual who holds a Massachusetts license in social work, counseling, or psychology. My license number is: _____.

I further certify:

- I have at least five years of professional experience in one or more of the following fields: 1) legal work; (2) housing services; 3) social work; 4) counseling; 5) psychology. Please briefly describe your relevant experience, emphasizing any landlord-tenant and/or courtroom experience: _____

- I have professional liability insurance of at least \$100,000 and will provide a copy of my insurance binder upon request.
- I certify that I have not been charged with or arrested for any felonies. *(If you cannot certify, please explain here.)* _____

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I certify that I have not been the subject of any complaints to my licensing board(s). *(If you cannot certify, please explain here.)*

IF THIS APPLICATION IS APPROVED, I UNDERSTAND THAT:

- I will accept each year at least one case paid by the Commonwealth at the hourly rate set by the Executive Office of the Trial Court.
- When I am appointed by the Court, I may not delegate any aspect of my appointment to anyone else.
- If I am appointed and an attorney or party in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven (7) days of such request.
- I will complete the mandatory training as specified by the Housing Court and as provided in the SJC Annual Report on Fee-Generating Appointments under Rule 1:07. I will retain a copy of the certificate of completion to submit if requested by the Court within seven (7) days of such request.
- I understand that I have an affirmative obligation to timely notify the Housing Court if at any time my answers to the questions contained herein change.

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

- A copy of my current resume detailing my professional experience.
- Other (optional): _____

APPLICANT SIGNATURE

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

APPLICATION REVIEW

To be completed by Court Staff ONLY

The above referenced application to serve as a Guardian Ad Litem for the Housing Court Department is:

APPROVED **DENIED** *(reason for denial, if applicable)* _____

PRINTED NAME OF REVIEWER

SIGNATURE OF REVIEWER

DATE