RECERTIFICATION for Category V Members whose inclusion on the list expires on December 31, 2026

Email Recertification form to:
pandf.feegenerating@jud.state.ma.us
by December 4, 2026
with all required form(s)/documentation.

Massachusetts Trial Court
Probate and Family Court

APPLICANT'S INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Firm/Business Name, if any: _____

Email Address: _____

Mailing Address: _____

Website Address: _____

Cell Phone Number: _____ Office Telephone Number: _____

BBO/BOR Number: _____ My current hourly rate is: $ _____

Proficiency in languages other than English (optional): _____

Special experience/expertise (optional): _____

CERTIFICATIONS REGARDING QUALIFICATIONS

I certify that I:

☐ was admitted to practice before the Supreme Judicial Court on _____ and that I remain in good standing to practice in Massachusetts.

☐ am licensed to practice psychiatry or psychology, or I am a licensed independent clinical social worker, and I remain in good standing. I have been licensed as a _____ by the Board of Registration since _____ .

☐ am a licensed marriage and family therapist or a licensed mental health counselor, and remain in good standing. I have been licensed as a _____ by the Board of Registration since _____ .

GENERAL CERTIFICATIONS

I certify that I have not been:

☐ charged with or arrested for any felonies. (If you cannot certify, please explain here.)

_____

_____

☐ the subject of any complaints to my licensing board(s). (If you cannot certify, please explain here.)

_____

_____

☐ the subject of any complaints filed with the Administrative Office of the Probate and Family Court under Uniform Practice I. Removal from fee generating appointment list. (If you cannot certify, please explain here.)

_____

_____

SELECTION OF DIVISIONS

I will accept appointments from the following (up to four) divisions of the Probate and Family Court Department:

☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Dukes ☐ Essex ☐ Franklin ☐ Hampden

☐ Hampshire ☐ Middlesex ☐ Nantucket ☐ Norfolk ☐ Suffolk ☐ Plymouth ☐ Worcester

POST-APPROVAL REQUIREMENTS

If this recertification is APPROVED, I understand that:

- ☐ when I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
- ☐ if I am appointed and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certification within seven (7) days of such request.
- ☐ to remain on this list for appointments I am required to attend, on an annual basis, the mandatory training as set forth by the Administrative Office of the Probate and Family Court Department.
- ☐ if I have not emailed the required documentation of my mandatory training as determined by the Administrative Office of the Probate and Family Court by the required date each year to **pandf.feegenerating@jud.state.ma.us**, I will be removed from the list and be ineligible for appointments. Yearly attendance is insufficient if not accompanied by an approved continuing education certificate and any other required documents.
- ☐ all communication and information relating to Category V trainings and requirements will be located on mass.gov at www.mass.gov/info-details/fee-generating-appointments-in-the-probate-and-family-court, and any inquires should be emailed to **pandf.feegenerating@jud.state.ma.us**.
- ☐ I have an affirmative obligation to timely notify the Administrative Office of the Probate and Family Court at **pandf.feegenerating@jud.state.ma.us**, if at any time my answers to the questions contained herein change.

ATTACHED SUBMISSIONS

With this recertification, I am submitting the following:

- ☐ a current copy of my professional liability insurance binder policy page only showing coverage of at least $100,000.
- ☐ my required documentation for continuing education as set forth by the Administrative Office of the Probate and Family Court located on mass.gov at www.mass.gov/info-details/fee-generating-appointments-in-the-probate-and-family-court.
- ☐ my State-pay Requirement form for 2026.

CARI

- ☐ I agree that the Administrative Office may access a CARI (Criminal Activity Record Information) report for me. I understand that this is required as a condition of my inclusion on the fee generating appointment list and that the report will be kept confidential at the Administrative Office of the Probate and Family Court.

SIGNATURE

SIGNED UNDER THE PENALTIES OF PERJURY

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

Date: _____

_____
Signature of Applicant

_____
(Print full name)

Email: _____

Primary Phone #: _____