



THE COMMONWEALTH OF MASSACHUSETTS  
THE TRIAL COURT  
PROBATE AND FAMILY COURT ADMINISTRATIVE OFFICE  
Three Center Plaza, Suite 210  
Boston, MA 02108

John D. Casey  
Chief Justice

TEL: (617) 788-6600  
FAX: (617) 788-8995

Category E and Category F  
State-pay Requirement Form – Calendar Year 2019

To be submitted with continuing education requirements by December 15, 2019.

Name: \_\_\_\_\_

- I was appointed as a guardian ad litem, receiving the state-paid rate, in the following matter in calendar year 2019:

Name of case: \_\_\_\_\_

Division: \_\_\_\_\_

Docket number: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Date report due: \_\_\_\_\_

- I have not been contacted to accept a guardian ad litem appointment at the state-paid rate in calendar year 2019.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date