



Paula M. Carey
CHIEF JUSTICE

Commonwealth of Massachusetts

THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT
ADMINISTRATIVE OFFICE
JOHN ADAMS COURTHOUSE
ONE PEMBERTON SQUARE
BOSTON, MA 02108

Tel. (617) 788-6600
Fax (617) 788-8995

Instructions to Attorneys Completing Self Qualification:

To qualify to appear as a Limited Assistance Representation attorney in the Probate and Family Court Department of the Massachusetts Trial Court you must do the following:

1. Listen to the audio recording file (about one hour) and review the written training materials.
2. Complete the *Limited Assistance Representation Attorney Statement of Qualification* and fax or mail to the address listed on the form.

If you wish to be included on a Limited Assistance Representation Attorney Listing maintained in the court divisions, please also complete the *Limited Assistance Representation (LAR) Attorney Listing Information Sheet* and return to the Administrative Office of the Probate and Family Court.

If you have any questions, please email:
ilene.mitchell@jud.state.ma.us

Please note: Some of page references on the audio file do not precisely match the written materials.



Commonwealth of Massachusetts

THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT

Limited Assistance Representation
Probate and Family Court Department

Limited Assistance Representation
Attorney Statement of Qualification to appear as an LAR Attorney in all
Divisions of the Probate and Family Court Department
(for Attorneys completing the information session independently)

Limited Assistance Representation has been approved for all matters filed and heard in all Divisions of the Probate and Family Court Department. Qualification to appear as a Limited Representation Attorney in the Probate and Family Court Department requires the completion of a Limited Representation information session. The Steering Committee on Self-Represented Litigants has developed a procedure which allows you to complete the information session on your own through digital and printed materials. Once you have completed the information session you must complete this Statement of Qualification and send it to the address below.

Please keep a copy of this statement for your records.

Please type or print all information you complete.

Name: _____

Address: _____

Phone: _____ BBO# _____

Email _____

Statement of Qualification:

- I certify the I have received and reviewed the Probate and Family Court Limited Assistance Representation Training Materials.
- I certify that I have received and reviewed the recording of the Limited Assistance Representation Training Program.

I submit this Statement of Qualification to qualify to utilize Limited Representation in any Division of the Probate and Family Court.

Signature

Date

Please mail or fax this form to: Ilene Mitchell, Case Manager
Administrative Office of the Probate and Family Court, John Adams Courthouse, One Pemberton
Square, Boston, MA 02108
Fax Number: 617-788-8995

Probate and Family Court
Limited Assistance Representation (LAR) Attorney Listing Information

Name _____ Phone _____

Firm Address _____ Website _____

_____ Email _____

_____ Fax _____

FEE INFORMATION (Subject to attorney verification upon consultation)

0.5 hours: _____ 1.0 hour _____

Methods of Payment: Please check:

Cash _____ Check _____ Credit Card _____

Liability Insurance? (Y or N) _____

Member of a lawyer referral service (list) _____

Member of a pro bono network (list) _____

Which areas of Probate and Family Law are you willing/able to provide Limited Assistance with (please check all that apply)

_____ All areas of Family Law

- _____ Divorce
- _____ Custody
- _____ Paternity
- _____ Adoption
- _____ Contempt
- _____ Modification
- _____ Appeals

_____ All areas of Probate Law

- _____ Estates
- _____ Wills
- _____ Name Change
- _____ Guardianship
- _____ Conservatorship

I give permission for the information I have provided to be made available to those who seek limited assistance representation, and I recognize that all terms are finalized upon consultation.

Signature of Attorney

Date