

<p align="center"><b>APPLICATION FOR APPOINTMENT OF COUNSEL For Parent of Minor Child Guardianship of Minor</b></p>	<p>Docket No.</p>	<p align="center"><b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b></p>
<p><b>In the Interests of:</b></p> <p>_____</p> <p><b>Minor</b></p>	<p align="right">_____ <b>Division</b></p>	

Information about the Requesting Party:

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

First Name M.I. Last Name

\_\_\_\_\_

(Address) (Apt, Unit, No. etc.) (City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby request the Court appoint an attorney for myself as I am the ☐ mother ☐ father of the minor named above.

☐ I request a waiver of the \$150.00 counsel fee assessment under G.L. c. 211D, § 2A (f).

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

**Right to counsel:** If you are a parent of the minor child who is the subject of this proceeding you have a right to be represented by an attorney. If you want an attorney and cannot afford to pay for one and if you give proof that you are indigent, an attorney will be assigned to you. Your request for an attorney should be made immediately by filling out the Application for Appointment of Counsel form. Submit the application form in person or by mail at the court location where your case is going to be held.

Counsel for any indigent ward, incapacitated person or person to be protected shall be compensated by the Commonwealth.