| GUARDIAN AD LITEM'S CERTIFICATE OF SERVICES Page | DOCKET NU | JMBER | Trial Court of Massachusetts Juvenile Court Department | | | |
|---|-----------------------|------------|--|--|--|--|
| CASE NAME | VENDOR CO | DDE NUMBER | DIVISION | | | |
| NAME & ADDRESS OF GUARDIAN AD LITEM | | NAME OF AF | PPOINTING JUSTICE | | | |
| TELEPHONE NUMBER: | | | | | | |
| CI | ERTIFICATION OF | GUARDIAN A | D LITEM | | | |
| I certify under the pains and penalties of perjury: that I have performed the services described in the attached Guardian Ad Litem Itemization of Services, that the services and time were necessary and were within the scope of the services for which I have been appointed, and that, where applicable, I have filed the original report with the Court as required. I further certify that I have have not previously billed for services provided within the scope of this appointment. If applicable, please complete. No. of Hours billed: Amount billed: \$ | | | | | | |
| DATE | SIGNATURE OF GUARDIAN | AD LITEM | | | | |
| CERTIFICATION OF JUSTICE | | | | | | |
| I have reviewed and approve as appropriate the above named Guardian Ad Litem's attached itemization of services for payment. | | | | | | |
| DATE | SIGNATURE OF JUSTICE | | | | | |

| | | DOCK | DOCKET NUMBER | | |
|--|------------------------------------|---------------------------------|----------------|-------------------------------------|--|
| GUARDIAN AD LITEM'S ITEMIZATION OF SERVICES Page 2 of | | | | | Trial Court of Massachusetts Juvenile Court Department |
| CASE NAME | | VEND | OR CODE NUMBER | DIVISION | |
| ITEMIZATION OF SERVICES (shall not include travel, court waiting time nor time for preparation of this form) | | | | | |
| ATTACH THE FO | OLLOWING: A COF ACHMENTS WILL D | PY OF APPOINTM DELAY PROCESS | ENT AN | ND A COPY OF AN' THIS FORM FOR I | Y APPROVED MOTION(S). FAILURE TO PROVIDE THE PAYMENT. |
| DATE OF SERVICE | START TIME/ END TIME | TIME SF (In Minu | | | DESCRIPTION OF WORK (Please Specify) |
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| | | | Total Minutes | Divided by 60 = Hours | |
| Total Minutes: | | | | our = Total Amount: \$ | |
| DATE | SIGNATURE OF GU | IARDIAN AD LITEM | | 7. 756.65 66. 11 | PRINT NAME |

| SERVICE | END TIME | (In Minutes | 5) | (Please Specify) | | |
|-----------------------------------|-----------------------|-------------|--|--|-------------|--|
| DATE OF | | | IT DESCRIPTION OF WORK | | | |
| | DLLOWING: A COPY OF A | | | APPROVED MOTION(S). FAILURE TO FOR AYMENT. | PROVIDE THE | |
| | (shall not includ | | MIZATION OF SERVIC rt waiting time nor time | for preparation of this form) | | |
| | | ITEA | MIZATION OF OFFINE | | | |
| CASE NAME | | | VENDOR CODE NUMBER | DIVISION | | |
| ITEMIZATION OF SERVICES Page 3 of | | | | Juvenile Court Department | | |
| GUARDIAN AD LITEM'S | | | DOCKET NUMBER | Trial Court of Massachusetts | | |
| | | | | | | |

| GUARDIAN AD LITEM'S ITEMIZATION OF SERVICES Page 4 of | | DOCKET NUMBER | | Trial Court of Massachusetts Juvenile Court Department | | | |
|---|------------|-------------------------|------------------------|--|-------------------------------------|---|--|
| CASE NAME | | VENDOR CODE NUMBER | | DIVISION | | | |
| | | (shall not includ | | | ATION OF SERVIC | CES for preparation of this form) | |
| ATTACH THE F REQUIRED ATT | OLL FAC | OWING: A COPY OF A | APPOINTME PROCESSII | NT AN | ND A COPY OF ANY THIS FORM FOR F | Y APPROVED MOTION(S). FAILURE TO PROVIDE THE PAYMENT. | |
| DATE OF SERVICE | | START TIME/ END TIME | TIME SPE (In Minut | | | DESCRIPTION OF WORK (Please Specify) | |
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| T. 4-1-14 | | | Total Minutes I | Divided by 60 = Hours | | | |
| Total Minutes: | | | X \$50.00 per ho | our = Total Amount: \$ | | | |
| DATE SIGNATURE OF GUARDIAN AD LITEM | | | | | PRINT NAME | | |