Mail Application to:	APPLICATION	FOR COURT USE ONLY
Administrative Office Juvenile Court Department 3 Center Plaza, 7th Floor Boston, MA 02108	to the Juvenile Court Department for Appointment as Court Investigator (G.L. c. 119, § 24: Care and Protection Cases	Initial Review: _____ Approved: _____ Entered: _____

Name: _____

Business Address: _____

Residential Address: _____

Telephone (Bus): _____ **Telephone (Res):** _____ **FAX:** _____

Email: _____

All notices and announcements regarding the court investigator fee-generating appointment list are sent by email.

1) I certify that: (check all that apply)

☐ I am a licensed social worker with 3 years experience in child welfare protective cases. License No. _____

☐ I have a Masters degree or higher degree in counseling psychology or clinical psychology with at least one year of experience in child welfare protective cases. License No. _____

☐ I have an undergraduate degree and knowledge of child welfare protective cases with demonstrable competence and at least 3 years experience in conducting investigations.

☐ I am an attorney with at least 3 years experience in child welfare protective cases. BBO No. _____

2) I have been appointed as an attorney (Atty), court investigator (CI), and/or a guardian ad litem (GAL) in the following division(s) of the Juvenile Court: (check all that apply)

☐ Barnstable	☐ Berkshire	☐ Bristol	☐ Essex	☐ Franklin/Hamp	☐ Hampden
☐ Atty	☐ Atty	☐ Atty	☐ Atty	☐ Atty	☐ Atty
☐ CI	☐ CI	☐ CI	☐ CI	☐ CI	☐ CI
☐ GAL	☐ GAL	☐ GAL	☐ GAL	☐ GAL	☐ GAL

☐ Middlesex	☐ Norfolk	☐ Plymouth	☐ Suffolk	☐ Worcester
☐ Atty	☐ Atty	☐ Atty	☐ Atty	☐ Atty
☐ CI	☐ CI	☐ CI	☐ CI	☐ CI
☐ GAL	☐ GAL	☐ GAL	☐ GAL	☐ GAL

3) I will accept appointments from the following (max. three) division(s) of the Juvenile Court Department:

☐ Barnstable ☐ Berkshire ☐ Bristol ☐ Essex ☐ Franklin/Hamp ☐ Hampden

☐ Middlesex ☐ Norfolk ☐ Plymouth ☐ Suffolk ☐ Worcester

☐ I have a business or residential address in the county, or a county contiguous to the county(ies) where I am applying to accept appointments.

APPLICATION FOR APPOINTMENT AS COURT INVESTIGATOR
JUVENILE COURT

Name **Date**

5) Have you ever been investigated by the Department of Children and Families for allegations of child abuse and/or neglect? ☐ **No** ☐ **Yes** **If yes, describe the circumstances of the investigation.**

6) Use this space to complete any answers to questions asked and/or to include additional information you feel might favorably affect consideration of your application. Also indicate if you are fluent in another language. Attach an additional sheet if necessary.

If I am approved to accept appointments, I understand that I am required to participate in eight (8) hours of continuing education per year. I understand that if I have not mailed the necessary certificate of completion of continuing legal, clinical, or other education program approved by the Administrative Office of the Juvenile Court by June 30th of each year, that I will be ineligible to accept appointments. The following documents are attached to my application:

1) Letter of interest addressing my qualifications,
2) Current resume listing my employment,
3) List of relevant educational training and classes in which I participated as an attendee or instructor,
4) Three references including contact information, and
5) Notarized Consent to Criminal Record Check (AOJC form).

I understand that the Administrative Office of the Juvenile Court will not process my application unless I provide all of the above listed documents.

I certify under the penalties of perjury that all of the above information is true and complete.

Date: _____ Signature: _____

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Print Form