

United States Bankruptcy Court for the District of Massachusetts

Attorney's Request to Join Guardian Ad Litem (G.A.L.) Panel

Contact Information				
Full Name:	Last	First	M.I.	
Firm:				
Business Address:				
	Street Address		Suite	
	City	State	ZIP Code	
Office Phone:	()			
Email Address:				
	Attorney A	Admission Informat	lion	
BBO No.:	Date of Admission, MA:			
Date of Admission, l	JSDC-MA:			
	good standing in all jur please attach a separa			

Experience

Prior experience as a court appointed G.A.L. is not required to serve on the Panel. If you have previously served, however, please describe where you were appointed and whether and why your appointment as a G.A.L. was terminated before completion of service.

Please indicate whether you have a facility with a language other than English and the degree of your ability, e.g., conversant, fluent, spoken only, etc.

Divisional Office					
Please indicate in which divisional offices of the court you are willing to serve:					
☐ Eastern Eastern ☐ Western Division ☐ Central Division Division					
Signature					
Under penalty of perjury, I affirm that the information provided in this request is accurate and					
true. I have and will continue to maintain professional malpractice insurance coverage and shall					
present proof of insurance, upon request, to the court. If I choose to accept an appointment, I will					
notify the Clerk of Court prior to the acceptance of an appointment if the information in this					
request has changed in any way. I understand that any service as a bankruptcy court appointed					
G.A.L. shall be without compensation or reimbursement of expenses, unless specifically					
authorized and ordered by the court.					
Signature:					
Date:					
Please attach to this request a résumé and deliver both documents:					
1. By U.S. Mail to:					
Clerk of Court United States Bankruptcy Court 5 Post Office Square, Suite 1150 Boston, MA 02110					
Or					
2. By email to:					
gal_panel@mab.uscourts.gov					