

**Commonwealth of Massachusetts
The Trial Court
Probate and Family Court Department**

Email/Facsimile

TO: Jacquelyn Fagone, Executive Director
Bar Association of Norfolk County – Conciliation Program
Email to admin@norfolkbarassn.org or Fax: (617) 770-9948

FROM: _____
Justice
Norfolk County Probate and Family Court

RE: **Conciliation Program Referral**

DATE: _____

No. of Pages (including cover sheet): _____

Attached is a referral from the Norfolk County Probate and Family Court to the Bar Association of Norfolk County's Conciliation Program.

_____ Stipulation and Referral for Conciliation

_____ Case Information Sheet

Case Name: _____

Docket No: _____

Please contact the Bar Association of Norfolk County at 617-471-9693 or
admin@norfolkbarassn.org

Thank you.

**COMMONWEALTH OF MASSACHUSETTS
PROBATE AND FAMILY COURT**

Norfolk Division

Docket No. _____

Plaintiff/Petitioner

v.

Defendant/Respondent

STIPULATION AND REFERRAL FOR CONCILIATION

On this ____ day of _____, 202 , _____, Plaintiff/Petitioner and _____, Defendant/Respondent stipulate that the following contested issues: _____

_____ be referred to the Bar Association of Norfolk County Conciliation Program. Each party agrees:

1. To pay a participation fee of One Hundred Fifty Dollars (\$150.00) per party, to the "Bar Association of Norfolk County", 420 Washington St., Suite 304, Braintree, MA 02184. or pay online at **www.norfolkbarassn.org** *Note – Fee may be waived if recommended by a Justice of the Probate and Family Court.*
2. To promptly provide requested documents and information, and to attend and participate in good faith in the conciliation process.
3. All communications made throughout the conciliation process shall be confidential.
4. Neither the Bar Association nor the conciliator shall be liable to any party for any act, recommendation or omission in or associated with conciliation of this case.

Plaintiff/Petitioner

Defendant/Respondent

Attorney for Plaintiff/Petitioner

BBO No. _____

Attorney for Defendant/Respondent

BBO No. _____

REFERRAL

- ☐ Pursuant to the above Stipulation of the Parties, the Court acknowledges that this matter will be referred to the Bar Association of Norfolk County Conciliation Program.
- ☐ The Conciliator assigned by the Bar Association of Norfolk County Conciliation Program shall be allowed to have a copy of impounded materials filed in connection with this matter.
- ☐ It is recommended that the participation fee of (party) _____ be waived.

Date: _____

Justice, Norfolk Probate and Family Court

**BAR ASSOCIATION OF NORFOLK COUNTY-CONCILIATION PROGRAM
CASE INFORMATION SHEET**

So that we may assign an appropriate conciliator, please complete all fields.

Date: _____

Docket No.: _____

Assigning Judge: _____

Pre-Trial Date: _____

Trial Date: _____

Plaintiff

Name: _____

Phone: _____

Address: _____

Email: _____

Plaintiff's Counsel

Name: _____

Phone: _____

Address: _____

Email: _____

Defendant

Name: _____

Phone: _____

Address: _____

Email: _____

Defendant's Counsel

Name: _____

Phone: _____

Address: _____

Email: _____

Type of Case (please check all that apply):

☐ Divorce ☐ Probate ☐ Guardianship ☐ Custody

☐ Other _____

Notable Issues:

☐ Complex Asset Division (☐ Business ☐ Trust ☐ Other _____)

☐ Removal ☐ Other _____

This form must accompany the Stipulation and Referral for Conciliation