

The Commonwealth of Massachusetts

Private Attorney E-Bill PIN Agreement

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) E-Bill System through my individual personal identification number (PIN), I hereby agree to abide by the terms and conditions of this agreement, as set forth below:

1. The PIN number assigned to me will be used only by me for CPCS bills where work was performed by me and will be safeguarded by and remain in confidence with me.
2. I agree to print each submitted E-Bill and to attest to the information billed by signing the printed form.
3. I agree to maintain the original signed E-Bill for a period of seven years from the submit date or until the resolution of any litigation, claim, negotiation, audit or other action involving E-Bill at any time during the retention period, whichever is later.
4. Further, I agree to produce the printed and signed E-Bill(s) and all required supporting documentation, to CPCS or to the State Auditor immediately upon their request.

In the event you lose your original PIN notification, the following information is required to ensure proper identification before CPCS can release your PIN to you.

Mother's Maiden Name: _____ Your Social Security No: _____

I certify under pains and penalties of perjury that for all my bills filed with CPCS through the "E-Bill" system, I have been assigned to each case indicated on my E-Bill; I have provided the services described on the dates and for the times listed; I have provided representation consistent with CPCS Performance Guidelines and Standards; and all charges for legal services reflected on the E-Bill are based on my contemporaneous time records maintained in accordance with CPCS Assigned Counsel Manual's policies and procedures.

Attorney Signature

Agreement Date

Print Name