

**The Committee for Public Counsel Services  
Alternative Commitment & Registration Support Unit  
APPLICATION FOR SORB CASE ASSIGNMENTS**

**Please submit application to:** \_\_\_\_\_ /  
[cbrienza@publiccounsel.net](mailto:cbrienza@publiccounsel.net)

Committee for Public Counsel Services |  
Alternative Commitment |  
& Registration Support Unit |  
Private Counsel Division |  
44 Bromfield Street |  
Boston MA 02108 |

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**Application for:** \_\_\_\_\_ **Counties in which assignments are desired:** \_\_\_\_\_

**SORB Hearings** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Law Firm:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**BBO Number:** \_\_\_\_\_

Date of Admission to MA Bar: \_\_\_\_\_

Law School(s) & Date of Graduation: \_\_\_\_\_

\_\_\_\_\_

•Are you District Court Certified? Yes No

•Date Received District Court Certification \_\_\_\_\_

•Are you a member of a Bar Advocate Program?\* Yes No

•Name of Bar Advocate Program \_\_\_\_\_

•Length of Time in Bar Advocate Program \_\_\_\_\_

•Please list all other certifications and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disbarred, suspended, reprimanded, censured, or otherwise formally disciplined, publicly or privately, as an attorney, or as a member of any other profession, or as a holder of any public office? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, please explain.

Are any charges or complaints now pending before any court or agency concerning your conduct as an attorney, or as a member of any profession or as a holder of any public office? \_\_\_\_\_yes \_\_\_\_\_no  
If yes please explain.

Have you ever been removed from any panel or list? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, give particulars.

\_\_\_\_\_  
\* If you are not part of a Bar Advocate Program, you need to complete the Waiver Application Form

**LIST SERVE:**

CPCS administers a list serve for SDP and SORB trial attorneys. It is a valuable resource. We highly recommend your participation. Please provide an address at which you would like to receive list serve e-mails and whether you prefer individual or daily digest:

E-mail: \_\_\_\_\_

Individual \_\_\_\_\_ Daily digest \_\_\_\_\_

You will automatically be enrolled in the list serve upon certification.

**REFERENCES:**

List the name, address and phone number of three (3) references (attorney, Judge, Hearing Officer) who are familiar with your work.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PLEASE ATTACH A RESUME**

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature