

Request for Waiver of Training Requirement:

Zealous Advocacy/SDP Trials and SORB

Committee for Public Counsel Services
44 Bromfield Street, Boston MA 02108
Phone: 617-482-6212 Fax: 617-988-8455

Date _____
Name _____
Office Address _____
BBO Number _____
Telephone _____
Fax _____
Email _____
Date of Admission to MA Bar _____
Home Address _____
Home Phone _____
Law School(s) and Date of Graduation _____

Bar Advocate Program(s) to which you have applied and been accepted:

- | | |
|--|---|
| <input type="checkbox"/> Barnstable County Bar Advocate Program Inc. | <input type="checkbox"/> Hampshire County Bar Advocates Inc. |
| <input type="checkbox"/> Berkshire County Bar Advocates, Inc. | <input type="checkbox"/> Middlesex Defense Attorneys Inc. |
| <input type="checkbox"/> Bristol County Bar Advocates, Inc. | <input type="checkbox"/> Norfolk County Bar Advocates, Inc. |
| <input type="checkbox"/> Dukes and Nantucket Counties Bar Adv. Program | <input type="checkbox"/> Pilgrim Advocates Inc. |
| <input type="checkbox"/> Essex County Bar Advocates Inc. | <input type="checkbox"/> Suffolk Lawyers for Justice Inc. |
| <input type="checkbox"/> Franklin County Bar Advocates Inc. | <input type="checkbox"/> Bar Advocates of Worcester County Inc. |
| <input type="checkbox"/> Hampden County Bar Advocates Inc. | |

All Panels to which you have applied and been accepted:

- | | |
|---|---|
| <input type="checkbox"/> Criminal Appeals | <input type="checkbox"/> Superior Court |
| <input type="checkbox"/> District Court | <input type="checkbox"/> Murder List |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> SORB Hearings |
| <input type="checkbox"/> SDP Trials | <input type="checkbox"/> SORB Appeals |
| <input type="checkbox"/> SDP Appeals | |

Professional Background (Please attach no more than 2 additional sheets)

- Describe your educational and employment history.
- Have you ever been disbarred, suspended, reprimanded, censured or otherwise formally disciplined, publicly or privately, by licensing authority, public employer assigned counsel program, as an attorney or as a member of any other profession or as a holder of any public office?
 No Yes (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 other profession, or as a holder of any public office?
 No Yes (If yes, please explain)
- Do you speak any foreign languages? If so, state language(s) and level of proficiency and fluency.
- The Committee for Public Counsel Services is committed to assuring that the panel of attorneys accepting assignments is sensitive to the diversity of the defendant population it serves. What background, experience and perspectives would you bring to the panel which would further the goals of having a diverse panel that provides high quality legal representation?

6. Does either a prosecutor's office, other law enforcement agency or administrative agency currently employ you, either as a volunteer, or salaried employee, full or part-time?
7. Please briefly state the reasons why you seek to become certified to accept SDP and/or SORB assignments and briefly furnish any other information, which you think would be helpful to the evaluation of your application.
8. Please list six jury trials tried to verdict within the last 5 years.
9. Please list all criminal and civil trials tried to verdict (whether in front of a jury or judge) within the last 5 years.
10. Please list all administrative law hearings you have conducted.
11. List the name, address and phone number of three (3) references (attorney, Judge, Hearing Officer) who are familiar with your work.
12. If you wish to submit statements from references, please attach.

Statement and Signature

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

Signature _____ Date _____