

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

Please submit application to:

drankin@publiccounsel.net

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

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ATTN: ACR SUPPORT UNIT

Application for:

Counties in which assignments are desired:

SDP Trials

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 Superior Court Certified? Yes No

• Date Received Superior Court Certification _____

• Are you a member of a Bar Advocate Program?¹ 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.

¹ 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.

PLEASE ATTACH A RESUME

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

Date

Signature