

**The Committee for Public Counsel Services
Alternative Commitment & Registration Support Unit
Tel. (617) 482-6212**

APPLICATION FOR SORB and SDP APPELLATE ASSIGNMENTS

Please submit application to:

drankin@publiccounsel.net

**Committee for Public Counsel Services
Alternative Commitment &
Registration Support Unit
Private Counsel Division
44 Bromfield Street
Boston MA 02108
Fax : 617-988-8493**

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Application for:

_____ **SDP Appeals**

_____ **SORB Appeals**

ATTN: ACR SUPPORT UNIT

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: _____

5. 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.
6. 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.
7. Have you previously served on any other panel or list for assignment of defense lawyers? If so, list each panel or list and the dates of your service.
8. Have you ever been suspended or removed from any CPCS panel or list?
_____yes _____no
If yes, give particulars.
9. Do you speak any foreign languages? If so, give particulars, and describe your level of fluency.
10. The Committee for Public Counsel Services is committed to assuring that the panel of attorneys accepting SDP or SORB assignments is sensitive to the diversity of the population it services. What background, experience, and perspectives would you bring to the panel which would further these goals of having a diverse panel that provides high quality legal representation?
11. Please briefly state the reasons you have applied for membership on the panel and briefly furnish any other information which you think would be helpful to the Committee for Public Counsel Services in evaluating your application, including the name, address and phone number of 3 lawyers, hearing examiners, judges or other professionals familiar with your work. If you wish, you may attach references to this application.

B. **LIST SERVE:**

CPCS administers a list serve for SDP and SORB trial attorneys. It is a valuable resource. You will automatically be enrolled in the list serves upon certification. Please indicate the address at which you wish to receive these emails

Email address: _____

Individual digest: or Daily digest

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

Date

Signature