

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

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 or suspended from any CPCS 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. Please provide an address at which you would like to receive list serve e-mails. You will automatically be enrolled in the list serve upon certification.

E-mail: _____

Individual _____ Daily digest _____

What other languages do you speak fluently? _____

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