

COMMITTEE FOR PUBLIC COUNSEL SERVICES  
CHILD AND FAMILY LAW PROGRAM

CLIENT CONTACT CERTIFICATION

Case Name (as recorded in court docket, last name first) \_\_\_\_\_

Court \_\_\_\_\_ Docket No.(s) \_\_\_\_\_

NAC No. \_\_\_\_\_ Date of Assignment \_\_\_\_\_

Attorney Name \_\_\_\_\_ BBO# \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Client:  Parent;  Child(ren);  Other (explain): \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_

Care Provider (For child in placement) \_\_\_\_\_

\*ATTACH SEPARATE SHEET FOR OTHER CLIENT[S] IN SEPARATE LOCATION[S].

List each in-person contact you had with your client(s) since you were assigned the case, or since your most recent submission of this form. (Use separate sheet if needed.):

<u>Dates of Meetings</u>	<u>Location of Meeting (Office, Home Visit)</u> <u>Give address if differs from above</u>	<u>Duration of Meetings</u>
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\_\_\_\_ I certify that the information not provided has been withheld pursuant to Rule 1.6 of the Massachusetts Rules of Professional Conduct, and the client has not exercised a waiver.

\_\_\_\_ I certify that the information not provided has been withheld because it is confidential under governing law.

I certify the above information to be true.

\_\_\_\_\_  
Attorney Signature Date \_\_\_\_\_

**SUBMIT THIS FORM TO CPCS WITH EACH CHILDREN-FAMILY LAW BILL CONTAINING SERVICES DATED JULY 1, 1995 AND THEREAFTER. FAILURE TO SUBMIT THIS FORM WILL RESULT IN REJECTION OF THE BILL. IF YOU ARE BILLING BY TELEBILL OR IF YOU CERTIFY THAT YOU ARE WITHHOLDING CERTAIN INFORMATION PURSUANT TO RULE 1.6 OF THE MASSACHUSETTS RULES OF PROFESSIONAL CONDUCT OR GOVERNING LAW, YOU MUST RETAIN IN YOUR RECORDS A COPY OF THIS FORM CONTAINING ALL INFORMATION REQUESTED.**