



# The Commonwealth of Massachusetts

Committee for Public Counsel Services

Mental Health Litigation Division

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## CERTIFICATION REGISTRATION FORM

NAME:	_____
ADDRESS:	_____ _____
TELEPHONE #:	_____
CELL #	_____
FAX #:	_____
E-MAIL:	_____
BBO #:	_____
WILLING TO ACCEPT EMERGENCY PROBATE COURT ASSIGNMENTS	_____

In order to be included on the Mental Health Litigation Division list, and prior to accepting mental health assignments for which you desire compensation from CPCS, you must be a state "vendor" (see: <https://www.publiccounsel.net/cfo/billing/private-attorney-billing/>).

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Please complete this form and the court preference form and forward both to:

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