

**COMMITTEE FOR PUBLIC COUNSEL SERVICES  
REQUEST FOR PAYMENT FOR EMERGENCY DUTY DAY  
COVERAGE IN HAMPDEN COUNTY**

Attorney Name: \_\_\_\_\_ BBO Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home County BAP: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Duty Day Assignment: \_\_\_\_\_ Court: \_\_\_\_\_

I hereby request an emergency fee payment in the amount of **\$480.00** for my duty-day presence in the Hampden County court noted above where CPCS has designated that an emergency exists and where there are insufficient attorneys available to represent CPCS clients. I understand that I am not eligible for this payment and payment for a "no case duty day".

I certify under the pains and penalties of perjury that I was serving as a duty-day attorney and available to accept assignments in the above-listed court during normal business hours on the above date.

Attorney Signature

Date:

\_\_\_\_\_  
**Please sign above (electronic signature acceptable). Email this form to the Criminal Trial Support Unit at [crimrecertification@publiccounsel.net](mailto:crimrecertification@publiccounsel.net)**

(CPCS Receipt of Request for Payment)  
Criminal Trial Support

\_\_\_\_\_  
Authorized Signature

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(CPCS AP/Audit Use)