



Committee for Public Counsel Services
Private Counsel Division
75 Federal Street, 6th Floor, Boston, MA 02110
Tel: (617) 482-6212 – Fax: (617) 988-8455

ANTHONY J. BENEDETTI
CHIEF COUNSEL

VANESSA VÉLEZ
DEPUTY CHIEF COUNSEL

ELIZABETH DEMBITZER
DIRECTOR OF CRIMINAL APPEALS

Dear Correspondent:

Before I know whether CPCS will be able to help you, I will need additional information about the case you wish to overturn, and your eligibility for appointed counsel. I have enclosed a “Request for Screening Counsel” form for you to fill out and return to me.

If you were represented by an attorney you hired, you will need to file documents in the court where you were convicted to be declared indigent (meaning you are unable to afford to hire counsel and in need of appointed counsel). I can send you the forms to request an indigency determination, or you can complete the process online at <https://www.mass.gov/how-to/apply-for-indigency-waiver-of-court-fees-and-costs>.

If you have already filed a pro se motion for a new trial, I strongly suggest you ask the Court not to act on your motion until CPCS has had a chance to screen your case. If the judge denies your pro se motion before counsel is assigned, you may have difficulty raising those issues or any new issues when represented by counsel.

Best of luck with your efforts to seek post-conviction relief.

Sincerely,

Kathleen M. O’Connell
Staff Attorney,
Criminal Appeals Unit
Private Counsel Division

REQUEST FOR POST-CONVICTION COUNSEL

**NOTE: DO NOT USE THIS FORM IF YOU HAVE A PENDING FEDERAL CASE
UNTIL YOU CONSULT WITH YOUR FEDERAL DEFENSE LAWYER**

FROM: _____
(Name and address of person seeking counsel)

DATE: _____

ID NUMBER: _____

Date of Birth: _____

TO: Kathleen O’Connell
Committee for Public Counsel Services
Criminal Appeals Unit, Private Counsel Division
75 Federal Street, 6th Floor, Boston, MA 02110
Or email to: CAUAttorney@publiccounsel.net

Dear Attorney O’Connell,

I am writing to you to request that you appoint a lawyer to review my Massachusetts state court conviction. I am providing you with the following information for each conviction that I want to challenge (please fill out a new form for each separate docket number):

1. Name/County of court: _____
2. Docket number: _____
3. Charge(s) you were convicted of:

4. Your age at time of the alleged offense(s): _____
5. Attorney’s name and address (if known): _____

6. Your most recent attorney in a criminal case was (check only one):
 hired by me court appointed represented myself
7. Check only one: I pled guilty I was convicted after trial
8. Do you have a criminal case pending in Federal Court?: Yes: _____ No: _____
9. Where were you born? _____
10. What is your current immigration status? _____
(This information is requested only to determine if you have a claim for relief, and will not be disclosed to immigration officials.)

11. If you pleaded guilty and your case has not been previously screened, you do not need to fill out this question. In all other cases, please state below any claims you believe provide grounds for challenging your conviction or sentence. Please do not include any claims that have previously been screened or raised on direct appeal. (Attach additional pages if necessary but do not send case materials or any original materials that you need sent back to you. If we need additional information, we will contact you.)

Sincerely,

(Name of Person Seeking Counsel)

If you are filling out this form on behalf of someone, please put your name and contact information here:

(If you have a copy of your CORI please attach it. If your case is over 10 years old, please attach the case docket sheet if you have it. If you have already submitted a pro se motion for a new trial, you should ask the Court not to act on your motion until CPCS has had a chance to screen your case. If you already have a date for deportation, please provide that information.)