

**REQUEST FOR PAYMENT
SAMPLE FORM**

NOTICE OF ASSIGNMENT OF COUNSEL NO.

**COMMONWEALTH
OF MASSACHUSETTS
CPCS**

ASSIGNMENT DATE 2	CLIENT NAME 3	DOCKET NUMBERS 4	ATTORNEY NAME AND VENDOR CODE 5
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COURT CODE 6	BILLS MUST BE RECEIVED BY CPCS WITHIN 30 DAYS OF THE CLOSE OF A CASE; BILLS ON ALL CASES OPEN AT THE END OF THE FISCAL YEAR MUST BE RECEIVED BY AUGUST 1. (SEE MANUAL FOR INSTRUCTIONS)	CHECK ONE: <input type="checkbox"/> CRIMINAL <input type="checkbox"/> NON-CRIMINAL
COURT NAME 7		

PART 1 List No. of Hrs. to nearest quarter hour * for legal services rendered in this case. (SEE MANUAL FOR INSTRUCTIONS)
* 15 mins. = .25, 30 mins. = .50, etc.

9A				A	B - OUT OF COURT HOURS													9C	B
DATE			A- IN COURT HOURS 1	9B TOTAL	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL		
MO	DAY	YR	Hearing/ Argument	1	Record Assem & Rev Tr	Conf w/Couns/ Mentor	Draft Mot, Lgl Memo	Draft App Brief	Prep- Arg/Hrg	Court Waiting Time	Client Contact	Draft Pet- Rehrg/ FAR	Legal Research	Draft CPCS Appr Fed	10 TRAVEL	Other	2-13		
1	TOTAL HRS			2	3	4	5	6	7	8	9	10	11	12	13	TOTAL HRS			
				CHECK HERE IF CONTINUATION RFPs ATTACHED														A	B

RATE C EXPENSES & DESCRIPTION ---- SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage)	NON-TRAVEL: (TOTALING \$25 OR LESS)				
<table style="width:100%; border-bottom: none;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:20%; border-bottom: 1px solid black; text-align: center;">11</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: center;">12</td> </tr> </table>		11		12	TOTAL \$
	11				
	12				
TOTAL \$ _____	C				

NOTE: Please submit receipts for expenses

BILL SUMMARY
_____ x \$ _____ = \$ _____ + _____ x \$ _____ = \$ _____ + \$ _____ \$ _____
TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS B RATE TOTAL B TOTAL C TOTAL BILL

PART II ATTORNEY CERTIFICATION

I certify under the pains and penalties of perjury, that I have been appointed to the above case, that I have provided the services and incurred the costs on the dates and for the times listed, and that I have not received nor will accept any other payment for these services. I further certify that I have provided representation consistent with CPCS Performance Guidelines and Standards, and that all charges for legal services on this bill are based upon my contemporaneous time records maintained in accordance with the CPCS Assigned Counsel Manual and regulations.

1 Fiscal Year End **4** Representation concluded
 2 Quarterly billing (SEE MANUAL FOR GUIDELINES)

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Send copy which contains your original signature to:

Committee for Public Counsel Services
44 Bromfield St.
Boston, MA 02108

ATTORNEY SIGNATURE _____	SUBMISSION DATE _____	CHECK HERE IF CONTINUATION RFP'S ATTACHED <input style="border: 2px solid red; width: 15px; height: 15px;" type="checkbox"/>
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