ABADINAST DATE CLEAR TABLE COUNT NUMBERS A A A A A A A A A				ST FC		AYM	ENT		NOTICE OF ASSIGNMENT OF C				OUNSEL	NO.	COMMONWEALTH OF MASSACHUSETTS CPCS						
COUNT TODAY COUNT NAME	ASSIGNMENT DATE CLIENT N				NAME				DOCKET NUMBERS		4		ATTORNEY	NAME AND							
* 15 mins. = .25, 30 mins. = .50, etc. 3	COURT CODE			_	6 BILLS MUST BE RECE CLOSE OF A CASE; B THE FISCAL YEAR MI					EIVED BY CPCS WITHIN 30 DAYS OF THE BILLS ON <u>ALL</u> CASES OPEN AT THE END OF UST BE RECEIVED BY AUGUST 1.			CHECK ONE: CRIMINAL								
Note Part	PART 1		lo. of H	rs. to neare	st quarter	hour * 1	•			•	(SEE MAN	IUAL FOR	INSTRUCT	rions)							
No. 1		* 1	l5 min	A - IN COURT	A	= .50, et	c.		B - OUT OF COURT HOURS			URS	90					В			
DATE	9A HOUI			1 1									9 10			1 2	1 3	TOTAL			
NON-TRAVEL: (TOTALING \$25 OR LESS) CHRCK WEEE FORMANDATION TOTAL HRS TOTAL S		DATE		Hearing/	1					Prep-	Waiting	Client	Rehrg/	Legal			Other	2-13			
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services	МО	DAY	YR	Argument		Rev Tr	Mentor	Memo	Brief	Arg/Hrg	Time	Contact	FAR	Research	Fed	TRAVEL					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
CHECK HERE IF CONTINUATION RPPS ATTACHED RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ TOTAL \$ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS TOTAL B HOURS FART 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 Committee for Public Counsel Services																					
RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) 11 12 NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ BILL SUMMARY X \$ = \$ + X \$ = \$ + X \$ = \$ + \$ X \$ = \$		<u> </u>		1	TOTAL HRS	2	3	4	5	6	7	8	9	10	11	1 2	1 3	TOTAL HRS			
RATE C EXPENSES & DESCRIPTION SEE MANUAL FOR INSTRUCTIONS TRAVEL: (origin, destination, reason and mileage) 11 12 NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ BILL SUMMARY X \$ _ = \$ _ + X \$ _ = \$ _ + X \$ _ = \$ _ + \$ _ \$ _ TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS B RATE TOTAL B TOTAL B LOURS 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 NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ SEM SUMMARY SEM S		-																			
TRAVEL: (origin, destination, reason and mileage) 11 12 NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ NOTE: Please submit receipts for expenses TOTAL \$ BILL SUMMARY 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 NON-TRAVEL: (TOTALING \$25 OR LESS) TOTAL \$ LOCAL S SEND SERVICE SERVICES TOTAL S SEND SERVICE SERVICES COMMITTEE (TOTALING \$25 OR LESS)	DATE					SEE I	MANIIAI I	FOR INST	В												
NOTE: Please submit receipts for expenses TOTAL \$ X											NON-TRAVEL: (TOTALING \$25 OR LESS)							TOTAL \$			
NOTE: Please submit receipts for expenses TOTAL \$ X				11					- -												
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 Send copy which contains your original signature to: Committee for Public Counsel Services									NOTE: Please												
X \$ = \$ +X \$ = \$ + \$X TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS B RATE TOTAL B T		TOTAL \$											·								
TOTAL A HOURS A RATE TOTAL A TOTAL B HOURS B RATE TOTAL B TO	BILL S	UMMA	RY																		
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 Send copy which contains your original signature to: Committee for Public Counsel Services				\$	=	\$+					\$	\$ =		\$+		\$ \$					
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					DTIEIC		LA		TOTAL B	HOURS	B RATI	<u> </u>	TOTAL	. В	TO'	TAL C	TOTA	L BILL			
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 Send copy which contains your original signature to: Committee for Public Counsel Services	I certify under the pains and penalties of perjury, that I																				
for the times listed, and that I have not received nor will accept any other payment for these services. I further Committee for Public Counsel Services	hav	e bee	n app	ointed t	o the a	bove ca	ase, th	at I hav	e pro-	ad	Sand	cony v	vhich c	ontaine	vour or	iainal	cianatı	ure to:			
	for	the ti	mes l	isted, ar	nd that	I have	not rec	eived ı	nor will	ıu	Jena				_	_	_	uie to.			
	cert	tify th	at I h	ave prov	vided re	epreser	itation	consis	tent wi						Couns	ei Serv	rices				
CPCS Performance Guidelines and Standards, and that all charges for legal services on this bill are based upon my 44 Bromfield St.	CPC cha	charges for legal services on this bill are based upon my																			
contemporaneous time records maintainted in accordance with the CPCS Assigned Counsel Manual and regulations. Boston, MA 02108	con	temp	orane	ous time	e recor	ds mair	ntainte	d in ac	cordanc	ce	Boston, MA 02108										
1 Fiscal Year End 4 Representation concluded	1	Fisc	ai Yea	r End	4 Ren	resentat	ion conc	luded													
2 Quarterly billing (SEE MANUAL FOR GUIDELINES)		2 Quarterly billing (SEE MANUAL FOR GUIDELINES)																			
13																					
ATTORNEY SIGNATURE SUBMISSION DATE CHECK HERE IF CONTINUATION RFP'S ATTACHED											CHECK	HERF	IE CON	ΤΙΝIJΔΊ	TION RE	:P'S ΔΤ	ТАСНІ	ED			