



Committee for Public Counsel Services
Private Counsel Division
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To Whom It May Concern:

Before CPCS can assign an attorney to your case, a Court must find you “indigent.” In other words, a judge must first determine that you do not have funds to pay for an attorney. To ask the court to find you indigent, you must complete and file the following documents in the Court where you were convicted:

1. Cover letter to the Clerk, Criminal Session
2. Motion to be Declared Indigent
3. Affidavit of Indigence
4. Statement of Canteen Account for the last six months (if you are incarcerated).

Do not send these forms back to me.

You, or someone on your behalf, may personally deliver these documents to the criminal clerk's office, or you may mail them to the court.

Once the court rules on your motion, it typically notifies CPCS. We will then assign an attorney to your case and notify you of the assignment. If the court sends you copies of the ruled-on motion, you should mail them to my attention.

If the court denies your motion, you are entitled to an evidentiary hearing to reconsider the judge's findings and the appointment of counsel for that hearing. Please contact me if you need more information about how to request this hearing.

If you do not receive notice from the Court or from CPCS within 45 days of mailing the motions to the court, please contact me, and I will look into the matter.

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

_____ [date]

Clerk of Court, Criminal Business

_____ [name of court]

_____ [court address]

_____ [court address line 2]

_____ [City, State and zip code]

RE: Commonwealth v _____ [print name of defendant]

Docket No (s). _____ [print docket number or numbers]

To Whom it May Concern:

Please find enclosed for filing the Defendant’s Motion to Be Declared Indigent, with Affidavit of Indigency and, if required, a Canteen Printout.

Please bring this motion to the attention of the Court for a ruling. After the Court acts, please forward a copy of the motion to:

Criminal Appeals Unit
Private Counsel Division
75 Federal Street, 6th Floor
Boston, MA 02110

Thank you for your attention to this matter.

Sincerely,

[your signature]

_____, pro se
[print your name]

[print your mailing address]

COMMONWEALTH OF MASSACHUSETTS

_____, ss.
[county of court]

[name of court] COURT

DOCKET NO. _____

COMMONWEALTH)
)
)
 v.)
)
)

[defendant's name])
_____)

DEFENDANT'S MOTION TO BE DECLARED INDIGENT

Now comes the defendant, pro se, in the above-entitled matter and moves this Honorable Court, pursuant to G.L. ch. 211D and Supreme Judicial Court Rule 3:10, to declare the defendant indigent.

As reasons for the foregoing request, the defendant states:

1. The defendant is now indigent and therefore without funds to hire an attorney to pursue post-conviction remedies.

2. A party's indigency status may be reviewed at any stage of a court proceeding if information regarding a change in financial circumstances becomes available to a probation officer or through the court's verification system, or from some other source, including the party. SJC Rule 3:10, Section 7.

3. The defendant has requested post-conviction assistance from CPCS, which can only be carried out if the defendant is declared indigent.

4. In support of this motion the defendant has attached his Affidavit of Indigency and, if required, Canteen Printout.

WHEREFORE, the Court should determine the defendant's indigency status.

Respectfully submitted,

[signature]

_____, pro se
[print name]

[mailing address]

Date: _____

AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION
OR STATE PAYMENT OF FEES & COSTS

*(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)*

_____		_____	
Court		Case Name and Number (if known)	
Name of applicant: _____			
Address: _____			
(Street and number)	(City or town)	(State and Zip)	

SECTION 1: Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:
I AM INDIGENT in that (*check only one*):

- (A) I receive public assistance under (*check form of public assistance received*):
- | | |
|---|---|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth) |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; or | |
- (B) My income, less taxes deducted from my pay, is \$ _____ per week biweekly month year (*check the period that applies*) for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at: <https://www.mass.gov/doc/poverty-threshold-guidelines/download>. The court system's poverty level is updated each year.*)(List any other available household income for the checked period on this line: \$ _____); **or**
- (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (C), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

SECTION 2: (Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): (Check all that apply and, in any "\$ ____" blank, indicate your best guess as to the cost, **if known.**)

- Filing fee and any surcharge. \$ _____
- Filing fee and any surcharge for appeal. \$ _____
- Fees or costs for serving court summons, witness subpoenas or other court papers. \$ _____
- Other fees or costs of \$ _____ for (specify): _____
- Substitution (specify): _____

SECTION 3: I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- Cost, \$ _____, of expert services for testing, examination, testimony or other assistance (specify): _____
- Cost, \$ _____, of taking and/or transcribing a deposition of (specify name of person): _____
- Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- Appeal bond
- Cost, \$ _____, of preparing written transcript of trial or other proceeding
- Other fees and costs, \$ _____, for (specify): _____
- Substitution (specify) _____

Date signed	Signed under the penalties of perjury x _____
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By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.

This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003.
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