



**APPLICATION FOR CONTRACT POSITION AS  
SUPERVISING ATTORNEY**

**Please submit application to:**

ktaylor@publiccounsel.net and the appropriate Bar Advocate Program County or Counties in which position is sought:

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Law Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

BBO #: \_\_\_\_\_ Date of Admission to MA Bar: \_\_\_\_\_

Law School(s) & Date of Graduation: \_\_\_\_\_



**PLEASE ATTACH SHEETS AS NEEDED:**

1. Please provide a resume describing education and employment history.
2. Please list your last 5 duty days.
3. Please list the 6 most recent criminal trials which you have conducted to verdict as lead defense counsel, including name of case, date, and the court in which it was tried, along with the major charges, and whether the case was tried to a jury.

4. Please provide the same information (name, date, court, etc.) regarding other relevant trial experience which you wish to have considered.
  
5. Have you ever been disbarred, suspended, reprimanded, censured, or otherwise formally disciplined, publicly or privately, as an attorney, or as a member of any other profession, or as a holder of any public office?  
 Yes          No          if yes please explain.
  
6. Are any charges or complaints now pending before any court or agency concerning your conduct as an attorney, or as a member of any profession or as a holder of any public office?  
 Yes          No          if yes please explain.
  
7. Have you ever been removed from any panel or list?  
 Yes          No          if yes please explain.
  
8. Please describe your experience in training and/or supervision of attorneys. Please provide the name, date, and sponsoring organization of any legal training in which you have served as faculty.
  
9. Please furnish any other information which you think would be helpful to the Committee for Public Counsel Services in evaluating your application, including the name, address, and phone number of 3 criminal defense practitioners familiar with your work.
  
10. Optional: Please check which you identify as:
 

Black/African American	Hispanic/Latinx	White
Asian/Asian American	Native American	Middle Eastern
Other		

I hereby certify that the above information is true and correct.

Date

Signature