

**The Committee for Public Counsel Services
Alternative Commitment & Registration Support Unit
Tel. (617) 482-6212**

APPLICATION FOR SORB and SDP APPELLATE ASSIGNMENTS

Please submit application to:

[mail to: ac@publiccounsel.net](mailto:ac@publiccounsel.net)

Committee for Public Counsel Services
Alternative Commitment &
Registration Support Unit
Private Counsel Division
75 Federal Street, 6th Floor
Boston MA 02110
Fax : 617-502-6328

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Application for:

_____ SDP Appeals

_____ SORB Appeals

ATTN: Assignment Coordinator

Name: _____

Law Firm: _____

Office Address: _____

Office Tel.: _____

Mobile: _____

Email: _____

Home Address: _____

BBO Number: _____

Date of Admission to MA Bar: _____

Law School(s) & Date of Graduation: _____

Please list all appellate courts to which you are admitted to practice:

Please indicate all panels & bar advocate programs along with date/year of application

<input type="checkbox"/> District Court Name of county _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> District Court Name of county _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> District Court Name of county _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> Superior Court Name of county/ies: _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> Murder List	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> Criminal Appeals	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> CAFL	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> CAFL Appeals	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> YAD	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> YAD Appeals	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> SDP Trials	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> SDP Appeals	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> SORB Hearings	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> SORB Appeals	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Pending	Date _____

Have you ever left or been suspended or removed from any Bar Advocate Program or CPCS Panel? Yes No

If yes, please indicate programs, dates of membership and reasons for departure:

Please list all CPCS certifications:

Certification

Actively Accepting Cases on Panel (Y/N)
If no, please explain

What other languages do you speak fluently? _____

Please provide the following information. Supporting documents may be attached or submitted under separate cover.

1. Resume describing education and employment history.
2. Whether you have represented clients in criminal and/or civil trials. If so, describe how many cases you have tried to a jury or to a judge in a jury-waived trial in District Court and in Superior Court.
3. Two independently written appellate briefs or significant legal memoranda and attach the court decisions from these cases.
4. The approximate number of cases which resulted in oral argument and the courts in which argument took place.
5. Names and citations for two cases which involved oral argument before the SJC.
6. Other relevant case experience which you wish to have considered. (Include case name, dates, court, etc.)

For SDP Appellate assignments:

- Describe any experience with expert witnesses; and
- List specialized training programs attended in past two years (ex. MCLE, MACDL, etc.)

For SORB Appellate assignments:

- Describe any administrative law experience including administrative law hearings and appeals;
- List specialized training programs attended in past two years (ex. MCLE, MACDL, etc.)

7. 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.
8. 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.
9. If you are not currently a member of a bar advocate program or CPCS panel, please answer the following:
- a. The Committee for Public Counsel Services is committed to assuring that the panel of attorneys accepting SDP or SORB assignments is sensitive to the diversity of the population it serves. What background, experience, and perspectives would you bring to the panel which would further these goals of having a diverse panel that provides high quality legal representation?
 - b. Does a prosecutor's office, other law enforcement agency or administrative agency currently employ you, either as a volunteer or salaried employee, full or part-time?
10. Please briefly state the reasons you have applied for membership on the panel and furnish any other information which you think would be helpful to the Committee for Public Counsel Services in evaluating your application.

LIST SERVE:

CPCS administers a list serve exclusively for SDP and SORB practitioners. You will automatically be enrolled in the list serve upon certification. Please indicate the address at which you wish to receive these emails.

Email address: _____ Individual digest or Daily digest

REFERENCES:

List the name, address and phone number of three (3) references (ex. attorney, Judge, Hearing Officer, client) who are familiar with your work. If you wish, you may attach references to this application.

1. Name & Title: _____

Relationship to reference: _____

Address: _____

Telephone: _____

Email: _____

2. Name & Title: _____

Relationship to reference: _____

Address: _____

Telephone: _____

Email: _____

3. Name & Title: _____

Relationship to reference: _____

Address: _____

Telephone: _____

Email: _____

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

Signature

Date