

The Commonwealth of Massachusetts
Committee for Public Counsel Services
Alternative Commitment & Registration Support Unit
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G.L. C. 30A REFERRAL FORM FOR SORB CASES

Submission of this completed form will result in issuance of a Superior Court 30A NAC

FORM SUBMITTED BY: _____ BBO# _____ DATE _____

CLIENT NAME: _____ D.O.B. _____ SORB ID# _____

LAST KNOWN ADDRESS/INSTITUTION _____

CLIENT TELEPHONE NUMBER _____ Juvenile ____ Male/Female _____

SORB HEARING

INITIAL CLASSIFICATION HEARING

SORB INITIATED RECLASSIFICATION HEARING

PETITIONER INITIATED RECLASSIFICATION HEARING

HEARING AFTER SCREENING

IF AN INITIAL CLASSIFICATION HEARING OR SCREENING, CHECK ALL THAT APPLY

- Client was adjudicated delinquent for sex offense
- Client was adjudicated youthful offender for sex offense

IF A SORB INITIATED RECLASSIFICATION HEARING, CHECK ALL THAT APPLY

- Reclassified based on new sex offense Charge Conviction
- Reclassified based on failure to register Charge Conviction
- Reclassified based on other non-sex offense Charge Conviction
- Reclassified based on violation of probation or parole condition
- Reclassified based on lifestyle changes

HEARING EXAMINER _____

DATE HELD _____ LOCATION _____

ATTORNEY _____ SORB ATTORNEY _____

PRELIMINARY/INITIAL CLASSIFICATION _____

FINAL CLASSIFICATION/RECLASSIFICATION _____

DATE DECISION ISSUED _____

MOTION FOR FUNDS REQUESTED ON _____ ALLOWED Yes No

IF ALLOWED, ON WHAT ISSUE, CHECK ALL THAT APPLY

Age Female Juvenile Mental Health Other _____

TRO/PI MOTION FILED ON _____ JUDGE _____ ALLOWED Yes No

ATTACH COPY OF HEARING EXAMINER DECISION

SPECIAL CIRCUMSTANCES/ISSUES IN CASE: _____

FACTORS CITED BY HEARING EXAMINER SUPPORTING THE CLASSIFICATION/RECLASSIFICATION:

Return this form and hearing examiner decision to Assignment Coordinator, Alternative Commitment and Registration Support Unit; ac@publiccounsel.net Questions? Call 617-910-5827