

**The Committee for Public Counsel Services
Alternative Commitment & Registration Support Unit
APPLICATION FOR SDP CASE ASSIGNMENTS**

Please submit application to:

ac@publiccounsel.net

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Committee for Public Counsel Services
Alternative Commitment
& Registration Support Unit
Private Counsel Division
75 Federal Street, 6th Floor
Boston MA 02110

ATTN: Assignment Coordinator

Application for:

Counties in which assignments are desired:

SDP Trials _____

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: _____

Are you District Court Certified? Yes No Date of certification _____

Please list all panels to which you have applied & date 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 _____

Are you currently a member of a Bar Advocate Program? Yes No¹

Name of Bar Advocate Program _____

Length of Time in Bar Advocate Program _____

Have you ever left any Bar Advocate Program? Yes No

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

*If you are not part of a Bar Advocate Program, you are required to complete the Request for Waiver Form

Please list all certifications:

Certification

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

What other languages do you speak fluently? _____

**Have you ever been removed, suspended from, or left any CPCS panel or list? Yes No
If yes, give particulars.**

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.

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.

LIST SERVE:

CPCS administers a list serve for SDP and SORB trial attorneys. Practitioners find it to be a valuable resource. Please provide an address for the receipt of list serve e-mails:

E-mail: _____

Individual _____ Daily digest _____

REFERENCES:

List three (3) references who are familiar with your work (ex. Attorney, Judge, Client).

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: _____

PLEASE ATTACH A RESUME

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

Date

Signature