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crimrecertification@publiccounsel.net

**COMMITTEE FOR PUBLIC COUNSEL SERVICES REQUEST  
FOR PAYMENT FOR SUPERIOR COURT DUTY DAY  
COVERAGE IN WORCESTER**

Attorney Name: \_\_\_\_\_ BBO Number: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Date of Duty Day Assignment: \_\_\_\_\_ Court: Worcester Dist/Sup

I hereby request a payment in the amount of **\$760.00** for my Superior Court duty-day coverage in Worcester where CPCS has designated that an emergency exists and where there are insufficient attorneys available to represent indigent clients. I understand that I am not eligible for this payment and payment for a "no case duty day".

I certify under the pains and penalties of perjury that I was serving as a duty-day attorney and available to accept assignments in the Worcester District Court and the Worcester Superior Court during normal business hours on the above date.

Attorney Signature

Date:

\_\_\_\_\_  
Please sign above (electronic signature acceptable). Email this form to the Criminal Trial Support Unit at [crimrecertification@publiccounsel.net](mailto:crimrecertification@publiccounsel.net)

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(CPCS Receipt of Request for Payment)

Criminal Trial Support

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_

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(CPCS AP/Audit Use)