

Committee for Public Counsel Services (CPCS) Expert Vendor Application

Name of Company: _____
 Name of Individual: Last Name _____ First Name _____ Middle Initial _____
 Degree or License Suffix (e.g. MD, PhD, MA, LICSW) _____
 Business Address: _____
 Telephone # Office 1 _____ Telephone # Office 2 _____
 Telephone # Home _____ Cell _____
 Fax 1 _____ Fax 2 _____
 Website Address _____ Email Address _____

Are you a State Employee of the Commonwealth of Massachusetts? Yes No
 Are you a Key Employee under a State Contract? Yes No

If you answered Yes to either question you must include with this application a completed disclosure as required by 30 CMR 6.06(2). All questions should be addressed to the State Ethics Commission.

Type(s) of Case(s) on which you are now consulting (criminal, mental health, children and family law, other)

Type of Service Provided _____ Requested Rate _____ Private Rate _____
 Type of Service Provided _____ Requested Rate _____ Private Rate _____
 Type of Service Provided _____ Requested Rate _____ Private Rate _____

Attorney references (if any) _____

Licensing Agency _____ License Number _____ Expiration Date _____
 Licensing Agency _____ License Number _____ Expiration Date _____

All vendors have a continuing duty to inform the Committee for Public Counsel Services of license terminations, suspensions, revocations or other disciplinary actions in Massachusetts or other jurisdiction.

Degree(s) Held (please include type of degree, concentration, date of degree, and name of institution for each degree):

Cases (if any) in which qualified as Expert by court and name(s) of hiring attorney(s)

Date	Case Name	Court	Hiring Attorney	Service Provided	Civil or Crim., Comm., Plaintiff or Defense
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

You may add additional lines or attach a secondary sheet as needed.

Additional Information (to be included in your forensic resources listing, optional)

Electronic Signature and Certification: I hereby certify under the pains and penalties of perjury that the above information is true and accurate to the best of my information and belief.

[If box is not checked application will be denied]

 Name

 Date

Complete and email this form with an attached electronic or scanned copy of your current Curriculum Vitae and a scanned copy of any licenses to: ccvendor-applications@publiccounsel.net

All emailed documents must be in Microsoft Word or .PDF format

The decision of the Committee for Public Counsel Services (CPCS) to allow a vendor to bill for services in no way constitutes an endorsement of the vendor or its services and the name "Committee for Public Counsel Services" or the acronym "CPCS" should not be used in any business advertising or communications with the limited exception that a Vendor may indicate they bill CPCS directly.