REQUEST FOR PAYMENT SAMPLE FORM										SIGNMEI 1	<u> </u>				COMMONWEALTH OF MASSACHUSETTS CPCS				
ASSIGNMENT DATE 2			CLIENT N	AME	3			DOCKET NUMBERS		4		ATTORNEY NAME AND		VENDOR CODE 5					
COURT			6 7		BILLS MUST BE RECE CLOSE OF A CASE; B THE FISCAL YEAR MI (SEE MANUAL FOR IN			BILLS ON <u>ALI</u> UST BE REC	L CASES OF	EN AT THE END OF		CHEC	K ONE:	CRIMINAL NON-CRIMINAL					
PART 1	l List i	No. of H	rs. to neare	st quarter	hour *	for legal s	ervices re	endered in	this case.	(SEE MAN	IUAL FOR	INSTRUCT	TIONS)						
* 15 mins. = .25,				30 mins. = .50, etc.			B - OUT OF COURT			HOURS						В			
9A		HOURS 1	9B	2 3		4			7 8		9C 10		11 12 13		13				
	DATE		Hearing/	TOTAL 1	Record	Conf	Draft	Draft	Prep-	Court	Cliant	Draft Pet	I	Draft	10	Other	TOTAL 2-13		
МО	DATE	YR	Argument	1	Assem & Rev Tr	w/Couns	Mot, Lgl Memo	App Brief	Arg/Hrg	Waiting Time	Client	Rehrg/ FAR	Legal Research	CPCS Appr Fed	TRAVEL	Other	2-13		
			J																
-														1					
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			1	TOTAL HRS	2	3	4	5	6	7	8	9	10	11	12	13	TOTAL HRS		
	CHEC	K HERE																	
IF CONTINUATION REPS ATTACHED A														В					
RATE			ISES & DES		SEE	MANUAL	FOR INST	RUCTIONS	3										
TRAV	EL:	(origi	n, destinat	ion, reas	on and n	nileage)				NON-TRAVEL: (TOTALING \$25 OF				LESS)			TOTAL \$		
-																			
			11					-				12				_	С		
										NOTE: Please submit receipts for expenses									
				TOTAL S	<u> </u>								TO	ΓAL \$					
BILL	SUMMA		•	_	•		_			•	_	•	_	•		•			
TOTAL	A HOU	. X RS	A RATE		ATOT	L A	_ •	TOTAL B	X HOURS	₹ B RATI	-	TOTAL	Т	±0.	TAL C	TOTA	L BILL		
PART	· II	ATTO	RNEY CE	RTIFICA															
			r the pair																
			pointed t vices and					Send copy which contains your original signature to:											
	for the times listed, and that I have not received nor will											Committee for Public Counsel Services							
cer	accept any other payment for these services. I further certify that I have provided representation consistent with																		
	CPCS Performance Guidelines and Standards, and that all charges for legal services on this bill are based upon my											44 Bromfield St.							
con	temp	orane	eous time S Assigne	e recor	ds maiı	ntainte	d in ac	Boston, MA 02108											
l			_				_		•										
1	j Fisc	al Yea	r End	4 Rep	resentat	ion cond	luded												
2 Quarterly billing (SEE MANUAL FOR GUIDELINES)																			
	13																_		
ATTO	ATTORNEY SIGNATURE SUBMISSION DATE											CHECK HERE IF CONTINUATION RFP'S ATTACHED							