

Committee for Public Counsel Services YOUTH ADVOCACY DIVISION

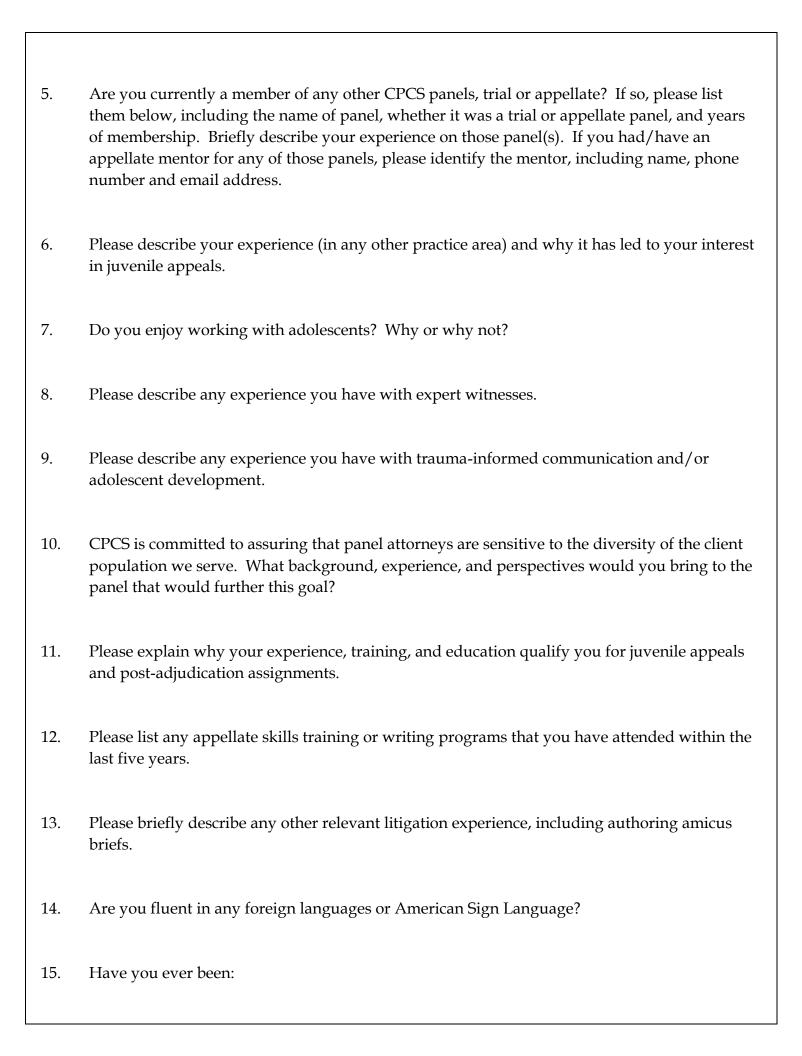
1822 No. Main Street, Suite 205 Fall River, MA 02720 (O): (508) 484-5785 | (F): (508) 672-5603

DULCINEIA GONCALVESDEPUTY CHIEF COUNSEL

AFTON M. TEMPLIN DIRECTOR, JUVENILE APPEALS

ANTHONY J. BENEDETTI CHIEF COUNSEL

	Juvenile Appeals Certification Application
Ple	ease submit via email to yadappeals@publiccounsel.net , with a subject line of "Juvenile Appeals Panel Application-[Applicant's Name]"
1.	Name:
	Law firm or organization:
	Office Address:
	Telephone:
	E-Mail Address:
2.	BBO Number:
	Date of admission to Mass. bar:
	Date of admission to other state bars:
	All appellate courts to which you are admitted to practice:
	Law school(s) and date of graduation:
3.	Please briefly state the reasons why you are interested in membership on the juvenile appeals panel.
4.	Are you currently a member of the YAD trial panel? If so, please briefly describe how long you have been a member of this panel and your experience as a panel member. If you have/had a YAD trial mentor, please identify the mentor, including name, phone number and email address.



(a)	Disbarred, suspended, reprimanded, admonished, censured, or otherwise formally disciplined, publicly or privately, as an attorney, as a member of any other profession or as a holder of any public office, whether in Massachusetts or elsewhere? If so, please explain the circumstances of this discipline and any current or past limitations placed upon you.	
(b)	Investigated, suspended, or removed from a panel, otherwise disciplined by CPCS for any period, or resigned? If so, please explain the circumstances of this discipline and any current or past limitations placed upon you.	
(c)	The subject of any charge or complaint before any court or agency (including but not limited to CPCS) concerning your conduct as an attorney, as a member of any other profession, or as a holder of any public office, whether in Massachusetts or otherwise? If so, please explain the circumstances resulting in this complaint or charge and whether there are any current limitations placed on you by CPCS or any court or agency.	
I hereby certify that the information provided in connection with the above questions is true and correct.		
Date	Signature	