



Arobla created this document for CPCS. This document is for your **internal use** and should **not** be distributed to external parties or colleagues.

MA CPCS

User Guide

Table of Contents

Getting Started	3
The Homepage	5
Accounts	6
Contacts	9
Expertise	12
Expertise Screen Layout	12
Attorney Screen Layout	13
Agency Direct Services Screen Layout	14
Expert Screen Layout	15
Other Services Screen Layout	16
Private Investigator Screen Layout	17
Related Lists	21
Contact	21
Cases	24
Notes	27
Panels	30
Attached Files	34
Languages	40
Business Addresses	43
Experience	46
Licenses	49
References	52
Agencies	55
Expertise History	57
FAQ Articles	58
CPCS Vendor Handbooks	60
Notifications	68
Activity	70
Review Buttons	77

Email Notifications	86
View & Locate Records	94
Global Search Box	102
Reports	105
Vendor Applications – Portal	116
Attorney	116
Private Investigator	122
Behavioral Health Specialist	130
Medical Specialist	137
All Other Experts	145
Transcriber, Interpreter, Copy Shop, Service of Process	151
Agency Direct Service Vendor	158
Portal Dashboard	161

Getting Started

Verifying Account

An email was sent to you from Salesforce. The email has the subject “**Welcome to Salesforce: Verify your account.**” Please check your spam folder if you do not initially see this email. If you cannot find it, please contact your help desk.

Right click on the **Verify Account** button and copy it into your **Chrome** browser and follow the steps in your browser to verify your username and set your password.

Welcome to Salesforce!

Click below to verify your account.



To easily log in later, save this URL:

<https://cpcs--dev.sandbox.my.salesforce.com>

Username:

`sf+arbolatester@arbolainc.com.macpcs`

Again, welcome to Salesforce!

✓ Tips

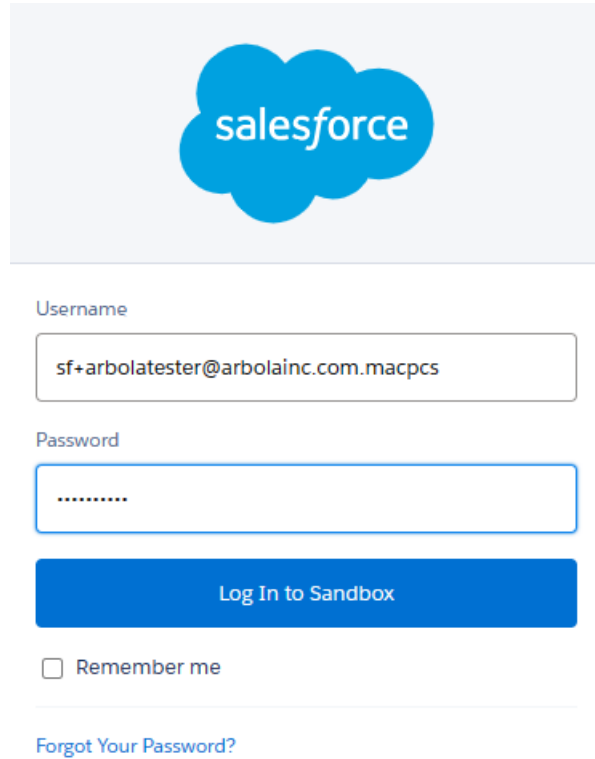
- ✓ **Salesforce** recommends using the **Google Chrome** browser for the best experience.



- ✓ Create a bookmark for the **Salesforce** site for quick, access.

Logging In

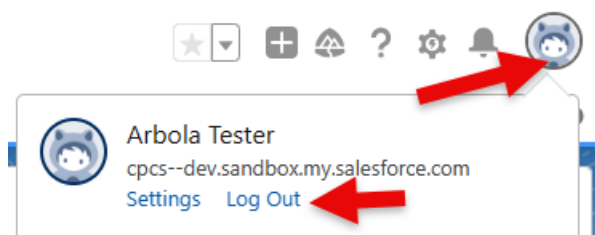
Launch your browser and navigate to the Salesforce URL you received in your welcome email. Enter your **Username** and **Password** then click the Login button.



The image shows the Salesforce login page. At the top is the Salesforce logo. Below it are two input fields: 'Username' and 'Password'. The 'Username' field contains the text 'sf+arbolatester@arbolainc.com.macpcs'. The 'Password' field is masked with dots. Below the password field is a blue button labeled 'Log In to Sandbox'. Underneath the button is a checkbox labeled 'Remember me'. At the bottom is a link that says 'Forgot Your Password?'.

Logging Out

Click the **Avatar** button in the upper right corner of any Salesforce screen and then click the **Log Out** link.

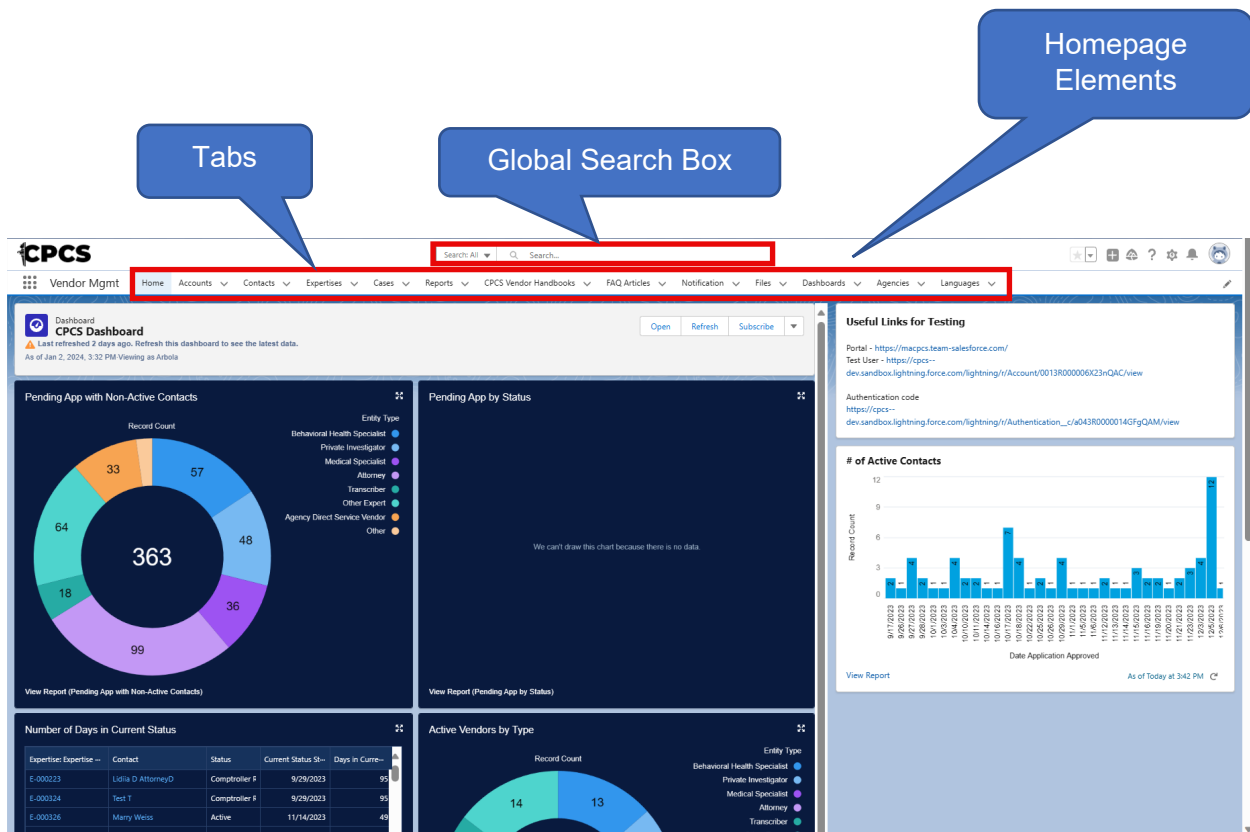


The Homepage

The Homepage serves as your main dashboard and is customized. It provides easy access to expertises, reports, and dashboards by clicking on **Tabs**.

The **Global Search Box** appears on the Homepage and all other pages so that existing expertises can be rapidly found and processed.

The **Homepage Elements** provides at-a-glance information about applications and contacts.



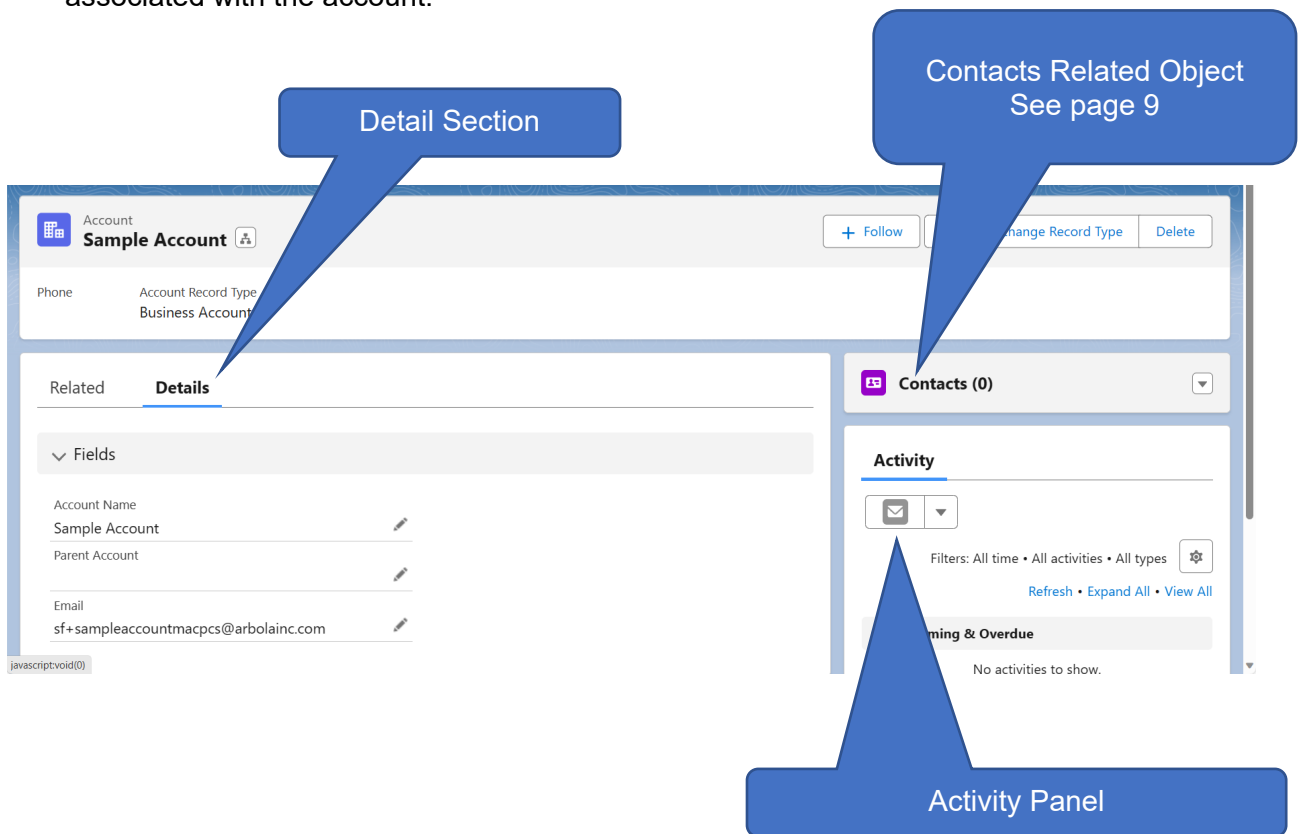
Accounts

Applicants will submit the application via the portal. An account, contact, and expertise record will automatically be created for each application. Accounts are the vendor's company; if the vendor is an individual, the account is the vendor's name. Accounts can be manually created.

Accounts Screen Layout

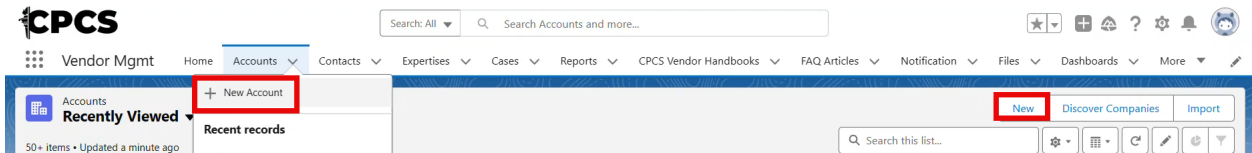
The account screen is divided into sections showing different categories of information.

- The top section shows the account name and Record Type.
- The **Related Objects** section shows the object associated with the account and offers the ability to review and/or add contacts.
- The **Details** section lists the account name and email address.
- The **Activity Panel** on the right side of the account screen displays emails sent related to the account record and allows a system user to send an email associated with the account.



Create an Account

1. Click the action arrow by the **Account** tab and select **New Account** or, when viewing the **Account** tab, click the **New** button in the upper right corner. The **New Account** screen will display.



2. Click the **radio button** beside the desired account record type and then click the **Next** button.

New Account

Select a record type

☒ Business Account
☐ Individual Account

3. Fill in the **New Account** record form fields with the information known about the account. Click the **Save** button or the **Save & New** button to continue creating accounts.

NOTE: The **Account Name** field is required as indicated by the **red** asterisk. Other information can be added later if desired.

New Account: Business Account

Fields

* Account Name

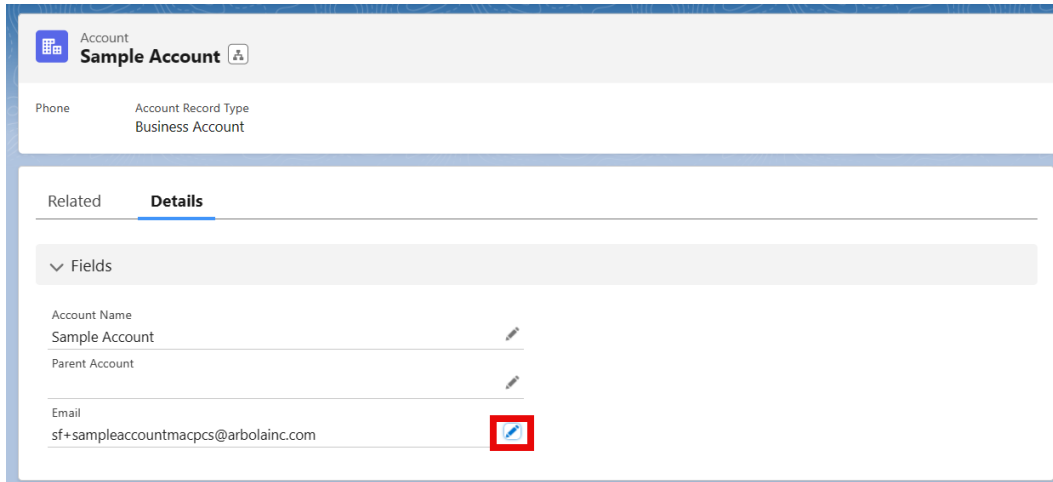
Parent Account

Email

Red Asterisk
Indicates field is
Required

Edit an Account

1. Click a **pencil icon** on the account detail screen.



Account
Sample Account

Phone Account Record Type
Business Account

Related **Details**

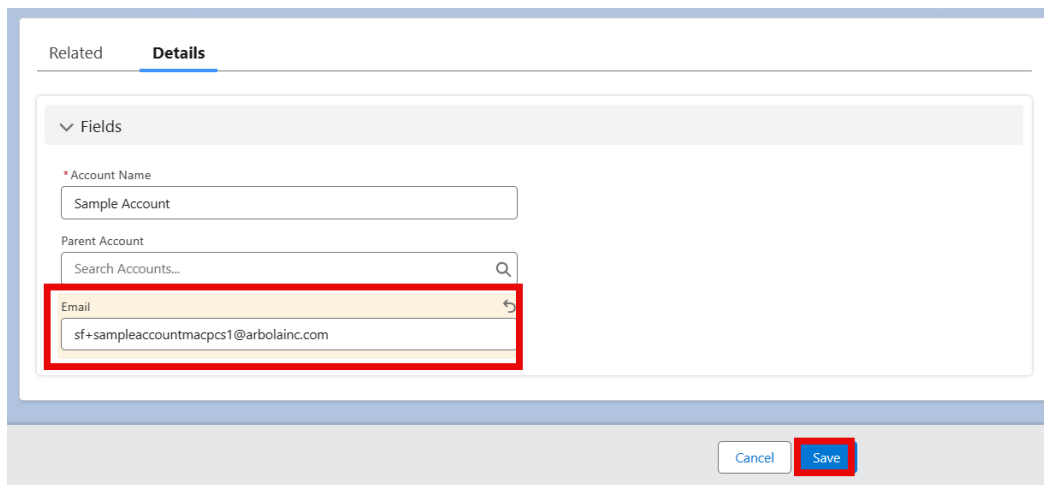
Fields

Account Name
Sample Account

Parent Account

Email
sf+sampleaccountmacpcs@arbolainc.com

2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Related **Details**

Fields

* Account Name
Sample Account

Parent Account
Search Accounts...

Email
sf+sampleaccountmacpcs1@arbolainc.com

Cancel **Save**

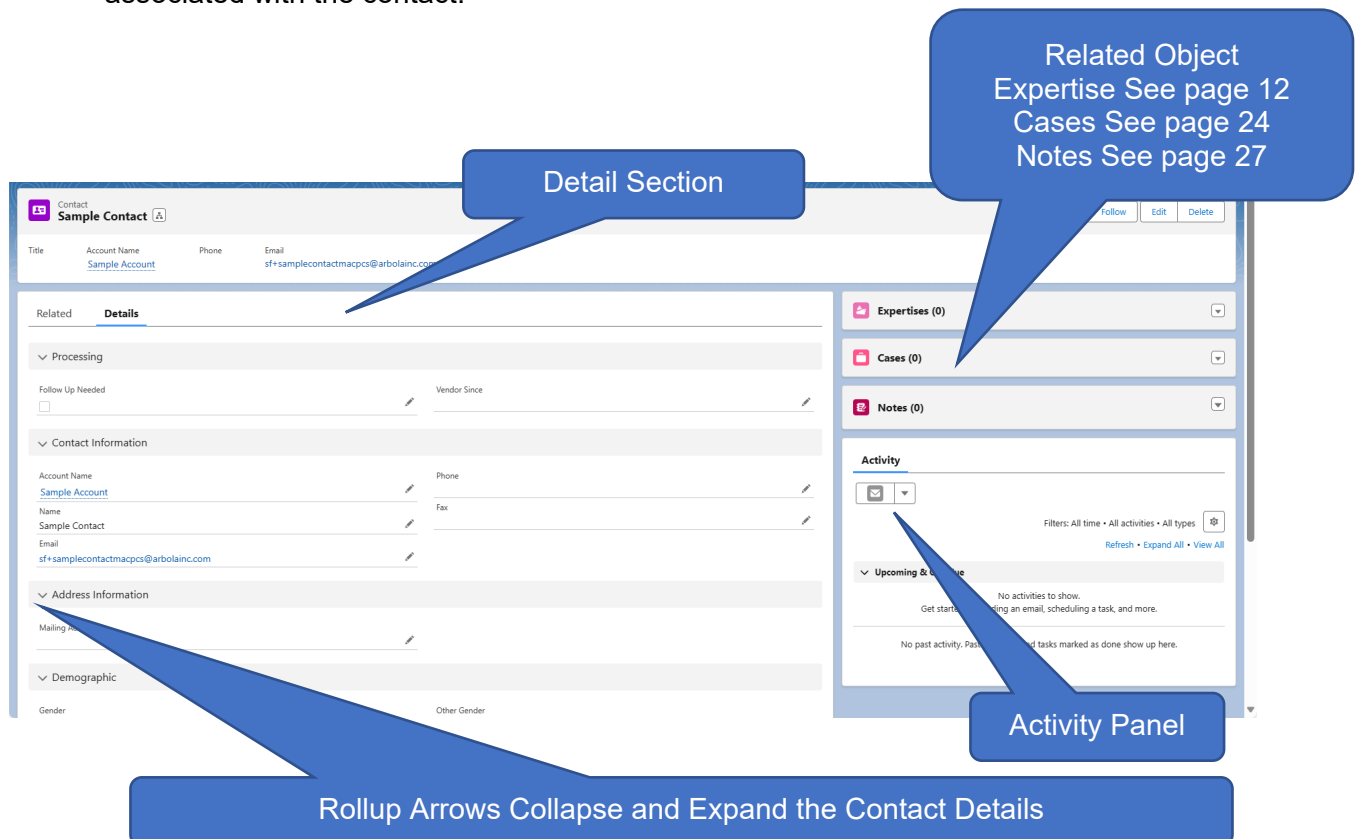
Contacts

Applicants will submit the application via the portal. An account, contact, and expertise record will automatically be created for each application. Contacts can be manually created. They are the individuals associated with accounts and expertise.

Contact Screen Layout

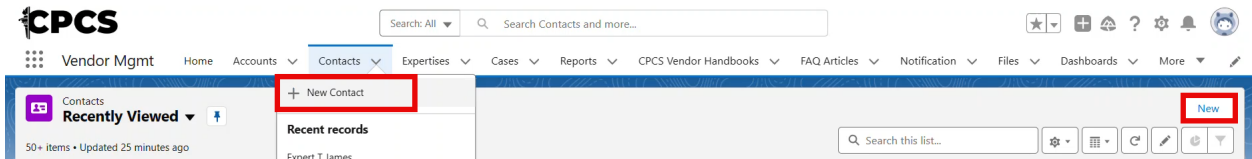
The contact screen is divided into sections showing different categories of information.

- The top section shows the account name, contact phone number, and contact email address.
- The **Related Objects** section shows objects associated with the contact and offer the ability to review and add records.
- The **Details** section is divided into sections with the Processing section displaying at the top. Each details section has a gray rollup divider to expand or collapse any of the sections.
- The **Activity Panel** on the right side of the contact screen displays emails sent related to the contact record and allows a system user to send an email associated with the contact.



Create a Contact

1. Click the action arrow by the **Contacts** tab and select **New Contact** or, when viewing the Contacts tab, click the **New** button in the upper right corner. The **New Contacts** screen will display.



2. Click the **radio button** beside the desired account record type and then click the **Next** button.

New Contact

Select a record type

☒ Individual Contact
☐ Business Contact

3. Fill in the **New Contact** record form fields with the information known about the contact. When the form is completed, click the **Save** button or the **Save & New** button to continue creating contacts.

NOTE: The required fields are **Last Name** and **Account Name** as indicated by the **red** asterisk. Other information can be added later if desired.

New Contact: Individual Contact

Processing

Follow Up Needed ☐ Vendor Since

Contact Information

* Account Name Phone

* Name

Salutation

First Name

Middle Name

* Last Name

Suffix

Email

Address Information

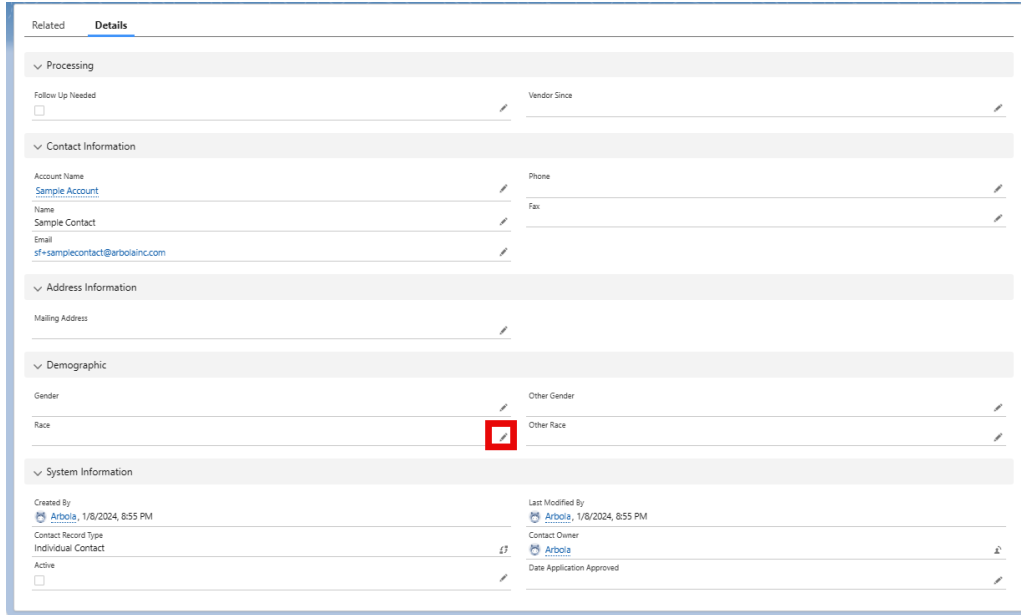
Red Asterisk indicates field is required

Use the calendar to select a date or type the date in the fields.

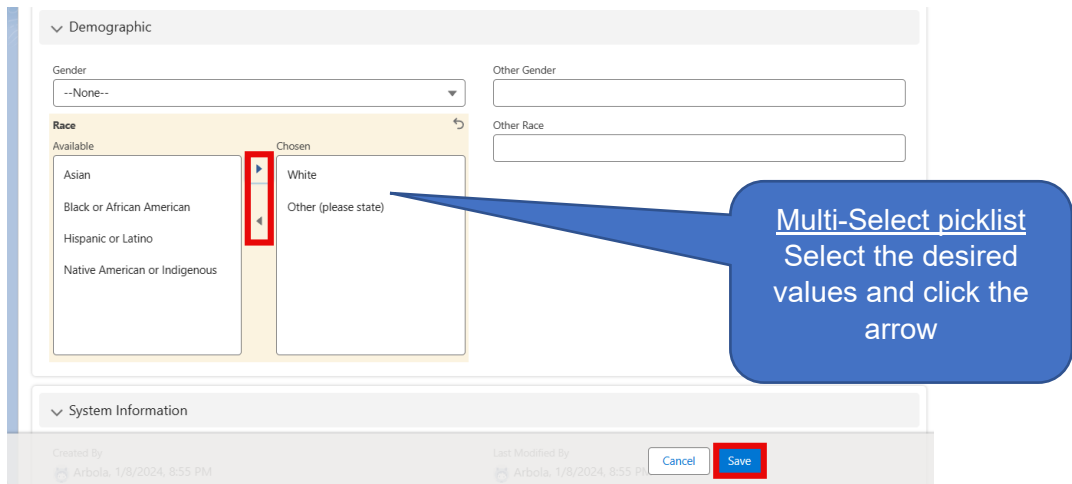
Begin typing text in Look-up fields to locate the desired record

Edit a Contact

1. Click a **pencil icon** on the contact detail screen.



2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Multi-Select picklist
Select the desired values and click the arrow

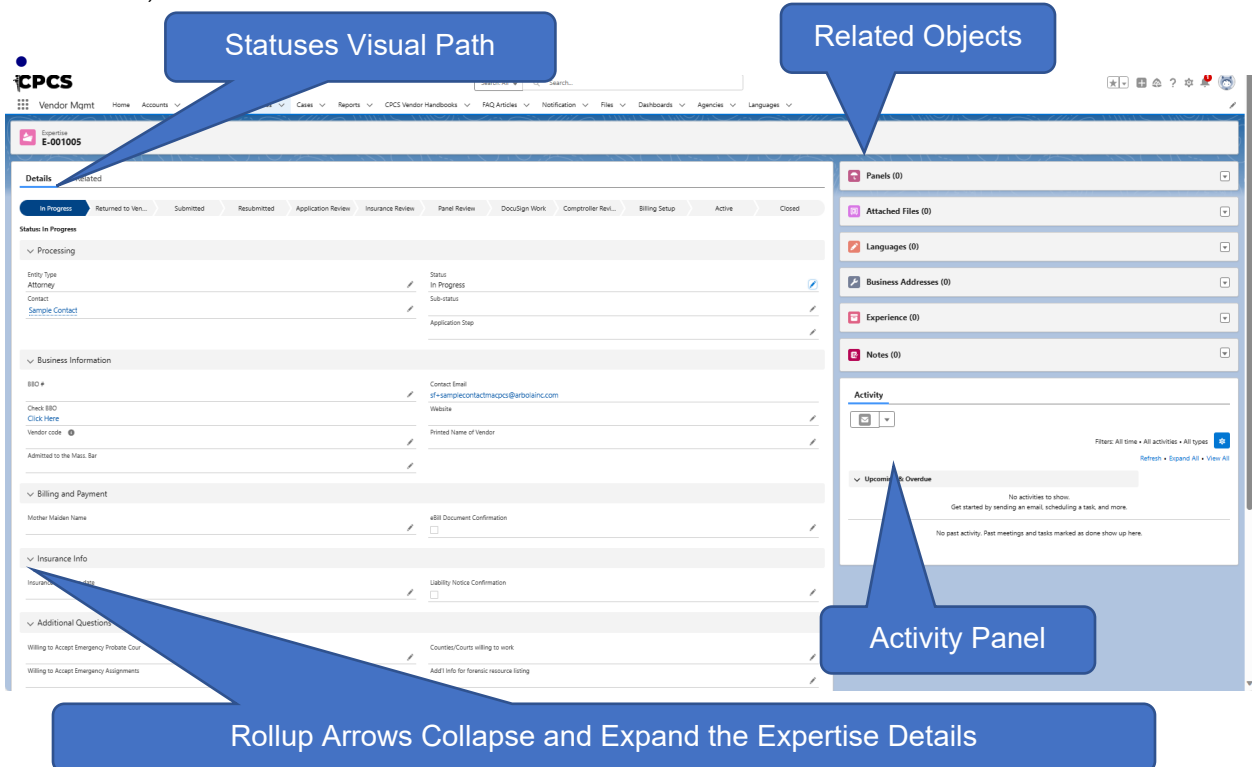
Expertise

Applicants will submit the application via the portal and automatically create an account, contact, and expertise record. An expertise can be manually created for Attorney, Agency Direct Service Vendor, Expert, Other Services, and Private Investigators with unique fields and related objects. See the next section for information on each specific group.

Expertise Screen Layout

The expertise screen is divided into sections showing different categories of information.

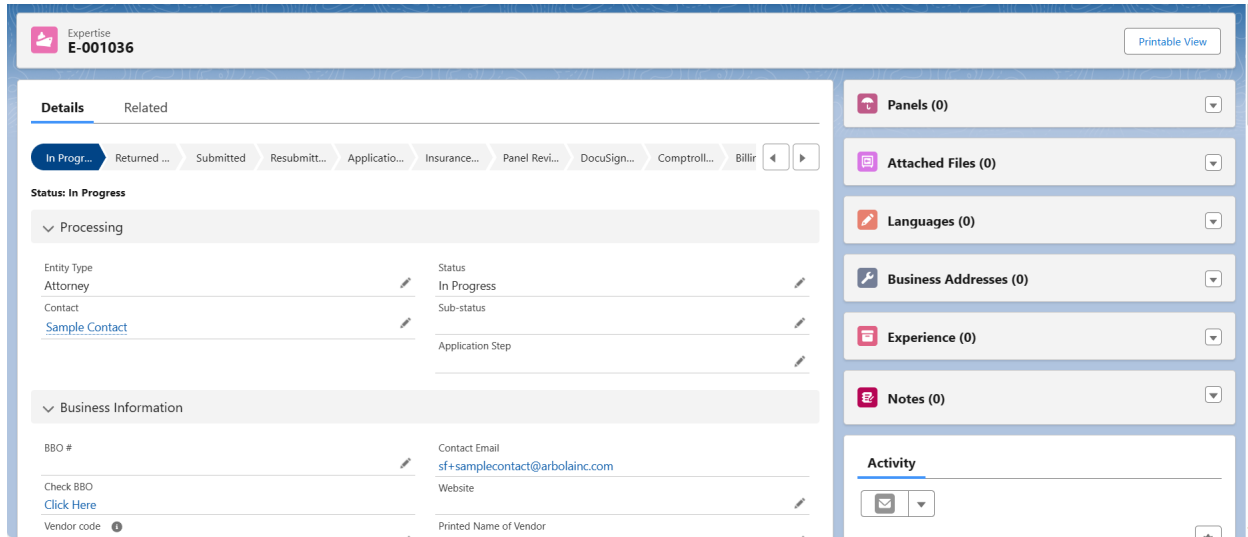
- The visual path of Statuses displays at the top of the Detail section.
- The **Related Objects** section shows objects associated with the expertise and offer the ability to review and add records.
- The **Details** section is divided into segments. Each details section has a gray rollup divider to expand or collapse any of the sections.
- The **Activity Panel** on the right side of the expertise screen displays emails sent related to the expertise record and allows a system user to send an email associated with the expertise.
- The **System Information** section lists the record type, which user created the record, and which user last modified the record.



The screenshot displays the CPCS Expertise screen for record E-001005. The interface is divided into several sections:

- Statures Visual Path:** A horizontal bar at the top of the details section showing the status flow: In Progress, Returned to Ven., Submitted, Resubmitted, Application Review, Insurance Review, Panel Review, DocuSign Work, Comptroller Rev..., Billing Setup, Active, and Closed. The 'In Progress' status is currently selected.
- Related Objects:** A sidebar on the right side of the screen listing various objects associated with the expertise, including Panels (0), Attached Files (0), Languages (0), Business Addresses (0), Experience (0), and Notes (0).
- Activity Panel:** A section at the bottom right of the sidebar showing a list of activities. It includes a filter for 'All time' and 'All activities', and a button to 'Refresh'.
- Rollup Arrows Collapse and Expand the Expertise Details:** A blue bar at the bottom of the screen with a callout pointing to the 'Details' section, indicating that the rollup arrows can be used to collapse or expand the details.

Attorney Screen Layout



Vendor Code format is VC followed by 10 digits. This field is required prior to a user being active.

Related Objects on Attorney Record:

Panels - See page 30

Attached Files - See page 34

Languages - See page 40

Business Addresses - See page 43

Experiences - See page 46

Notes – See page 27

Agency Direct Services Screen Layout


Expertise
E-001037

Edit
Printable View

In Progress
Returned ...
Submitted
Resubmitt...
Applicatio...
DocuSign ...
Comptroll...
Billing Set...
Active
Closed

Status: In Progress

Related
Details

Processing

Entity Type	Agency Direct Services	Status	In Progress
Contact	Sample Contact	Sub-status	
		Application Step	

Business Information

Vendor code		State Vendor Or Contract	
Contact Email	sf+samplecontact@arbolainc.com	Printed Name of Vendor	

References (0)

Agencies (0)

Business Addresses (0)

Attached Files (0)

Notes (0)

Activity

Filters: All time • All activities • All types

Refresh • Expand All • View All

Related Objects on Agency Direct Services Record:

References - See page 52

Agencies - See page 55

Business Addresses - See page 43

Attached Files - See page 34

Notes - See page 27

Expert Screen Layout

Expertise

E-001040

Edit
Printable View

In Progr...

Returned ...

Submitted

Resubmitt...

Applicatio...

Counsel R...

Credentia...

DocuSign...

Comptroll...

Billir

Status: In Progress

Details

Related

Processing

Entity Type	Other Expert	Status	In Progress
Contact	Sample Contact	Sub-status	
License Missing	☐	Application Step	

Business Information

Vendor code		State Employee	
Contact Email	ef+samplecontact@arbolainc.com	Key Employee	

Licenses (0)

Attached Files (0)

Languages (0)

Business Addresses (0)

Experience (0)

Notes (0)

Activity

Related Objects on Expert Screen Record:

Licenses - See page 49

Attached Files – See page 34

Languages - See page 40

Business Addresses – See page 43

Experience – See page 46

Notes – See page 27

Other Services Screen Layout

Expertise

E-001041

EditPrintable View

In Progr...Returned ...SubmittedResubmitt...Applicatio...Counsel R...Credentia...DocuSign...Comptroll...Billir

Status: In Progress

DetailsRelated

Processing

Entity Type	Other Services	Status	In Progress
Contact	Sample Contact	Sub-status	
License Missing	☐	Application Step	

Business Information

Vendor code		Key Employee	
Contact Email	ef+samplecontact@arbolainc.com	State Employee	

Activity

Licenses (0)

Attached Files (0)

Languages (0)

Business Addresses (0)

Experience (0)

Notes (0)

Related Objects on Other Services Record:

Licenses - See page 49

Attached Files – See page 34

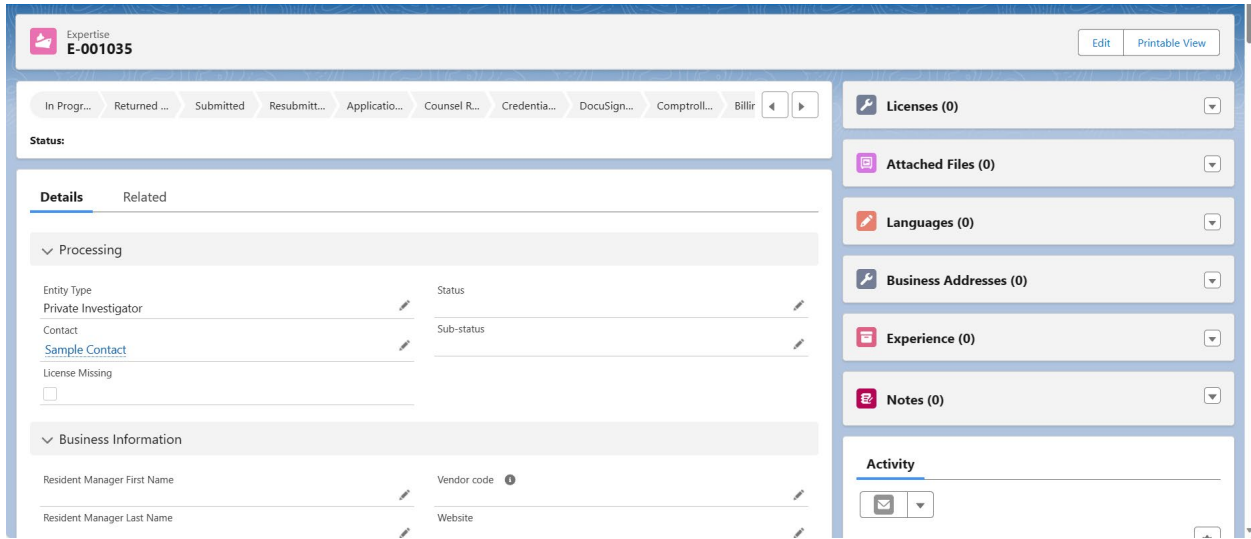
Languages - See page 40

Business Addresses – See page 43

Experience – See page 46

Notes – See page 27

Private Investigator Screen Layout



The screenshot displays the 'Private Investigator' record interface. At the top, the header shows 'Expertise E-001035' and buttons for 'Edit' and 'Printable View'. Below the header is a navigation bar with tabs: 'In Progr...', 'Returned ...', 'Submitted', 'Resubmitt...', 'Applicatio...', 'Counsel R...', 'Credentia...', 'DocuSign...', 'Comptroll...', and 'Billir'. The main content area is divided into two sections: 'Details' and 'Related'. The 'Details' section is currently active and shows a 'Processing' status. It includes fields for 'Entity Type' (Private Investigator), 'Contact' (Sample Contact), 'License Missing' (checkbox), 'Status', 'Sub-status', 'Resident Manager First Name', 'Resident Manager Last Name', 'Vendor code', and 'Website'. The 'Related' section on the right lists various related objects: 'Licenses (0)', 'Attached Files (0)', 'Languages (0)', 'Business Addresses (0)', 'Experience (0)', and 'Notes (0)'. At the bottom right, there is an 'Activity' section with a dropdown menu.

Related Objects on Private Investigator Record:

Licenses - See page 49

Attached Files – See page 34

Languages - See page 40

Business Addresses – See page 43

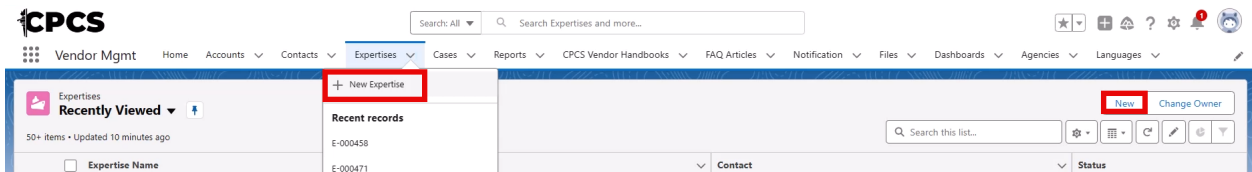
Experience – See page 46

Notes – See page 27

Create an Expertise

An Expertise is created when an application is submitted online or can be manually created.

1. Click the action arrow by the **Expertise** tab and select **New Expertise** or, when viewing the **Expertise** tab, click the **New** button in the upper right corner. The **New Expertise – record type** screen will display.



2. Click the **radio button** beside the desired expertise record type and then click the next button.

NOTE: There may be different fields and related lists depending on the record type selected.

New Expertise

Select a record type

- ☒ Attorney
- ☐ Agency Direct Service Vendor
- ☐ Expert
- ☐ Other Services
- ☐ Private Investigator

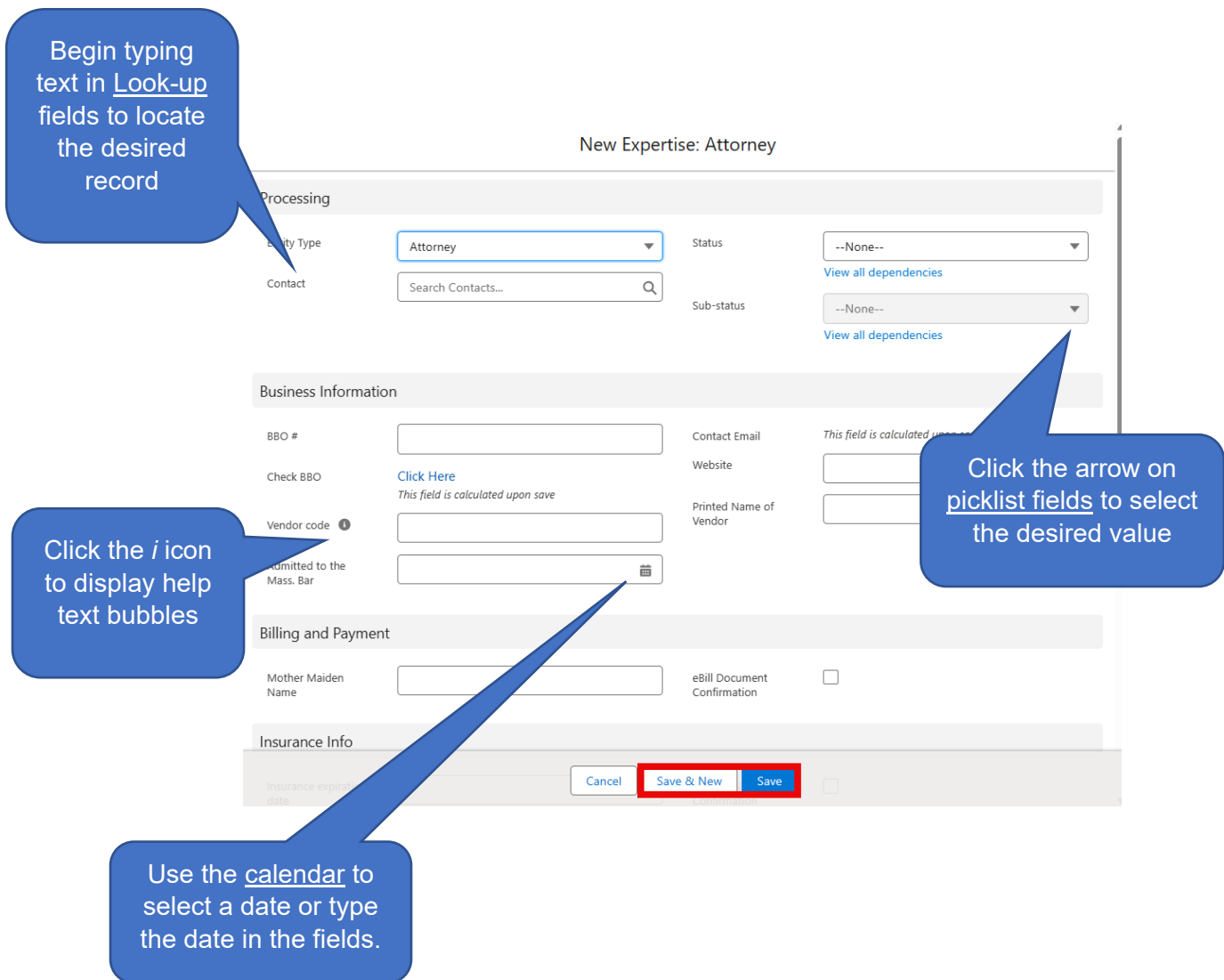
Cancel Next

The "Other Services" record type includes Transcriber, Interpreter, Service of Process, and Copy Shop.

The "Expert" record type includes Behavioral Health Specialist, Medical Specialist, and Other Experts.

3. Fill in the **New Expertise** record form fields with the information known about the expertise. When the form is completed, click the **Save** button or the **Save & New** button to continue creating additional Expertise records. Other information can be added later if desired.

NOTE: To check the **BBO number**, select **Click here**. The system will open a new tab for the Massachusetts Board of Bar Overseers website. **Admitted to the Bar** must have a value in order to send the application to the Insurance Review status.



The screenshot shows the 'New Expertise: Attorney' form. It includes sections for 'Processing', 'Business Information', 'Billing and Payment', and 'Insurance Info'. The form contains various input fields, dropdown menus, and buttons. Five blue callout boxes provide instructions: 'Begin typing text in Look-up fields to locate the desired record' points to the 'Contact' search field; 'Click the i icon to display help text bubbles' points to the 'Vendor code' field; 'Click the arrow on picklist fields to select the desired value' points to the 'Status' dropdown; 'Use the calendar to select a date or type the date in the fields.' points to the 'Admitted to the Mass. Bar' date field; and 'Click the arrow on picklist fields to select the desired value' points to the 'Sub-status' dropdown. The 'Save & New' button is highlighted with a red border.

Processing

Entity Type: **Attorney** Status: **--None--**
[View all dependencies](#)

Contact: Search Contacts... Sub-status: **--None--**
[View all dependencies](#)

Business Information

BBO #: Contact Email: This field is calculated upon save

Check BBO: [Click Here](#) Website:

Vendor code: Printed Name of Vendor:

Admitted to the Mass. Bar: 

Billing and Payment

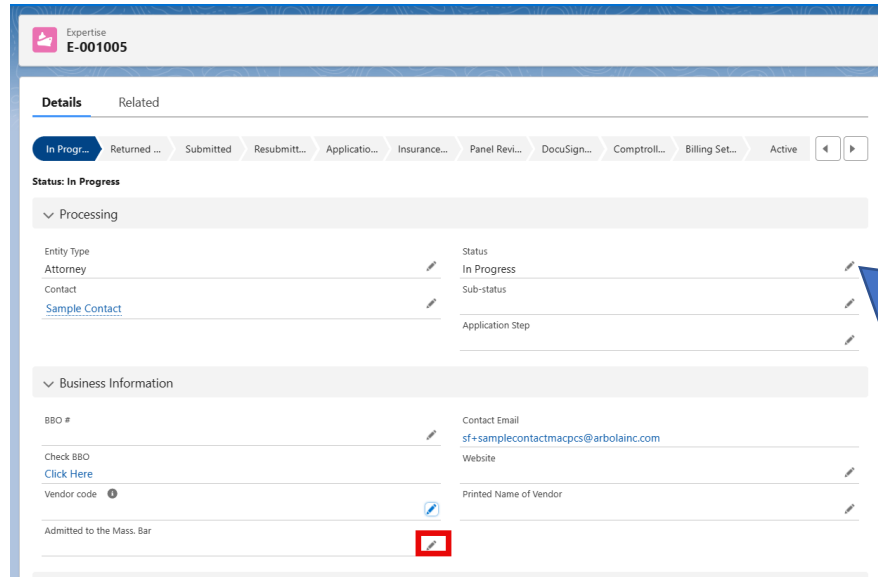
Mother Maiden Name: eBill Document Confirmation: ☐

Insurance Info

Insurance expiration date:

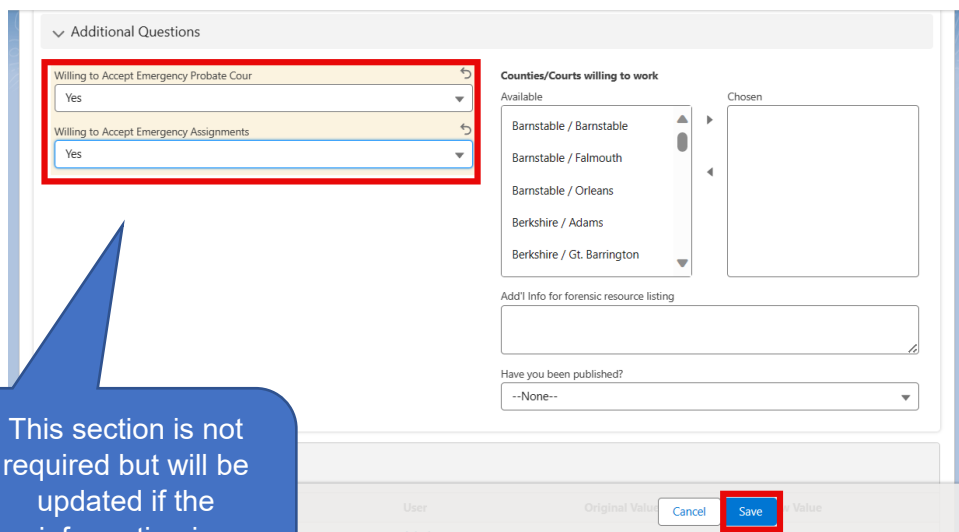
Edit an Expertise

1. Click a **pencil icon** on the expertise detail screen.



There is validation in place to check if there is "License" File before allowing the status to be changed from Application Review status.

2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



This section is not required but will be updated if the information is entered.

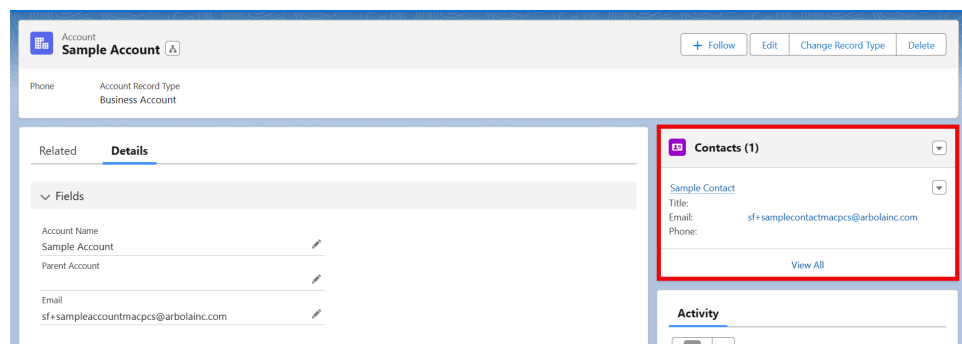
Related Lists

Related Lists show objects associated with the Account, Contact, or Expertise record and offer the ability to review and add records. Based on the object and record type, different related lists will be available. The following related lists are available on the object noted in the parenthesis.

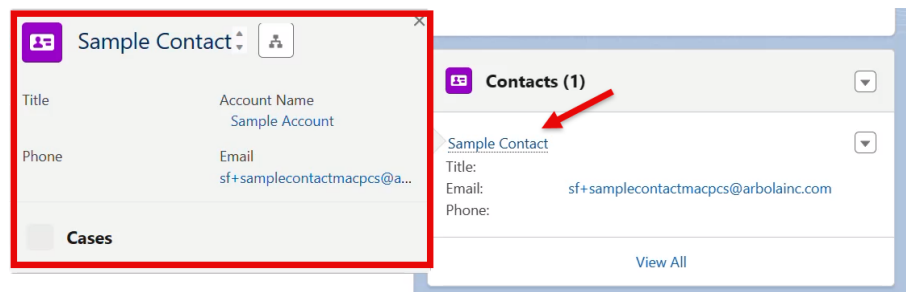
Contact (Account)

A Contact can be viewed or created from the account.

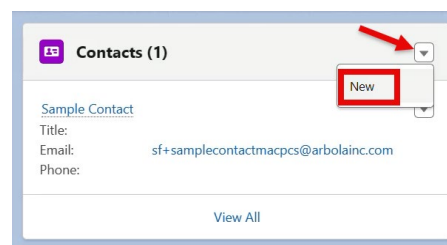
1. With the account displaying, view the current contacts on the **Contacts related list**.



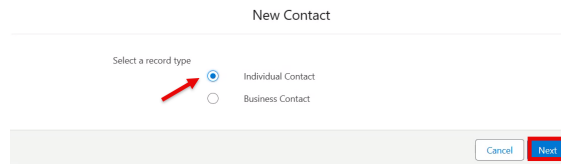
2. Hover over the **contact name** to view details or Click the **link** to open the contact records.



3. To create a new contact, click the down arrow on the right side of the contacts related list and then select the **New** button.

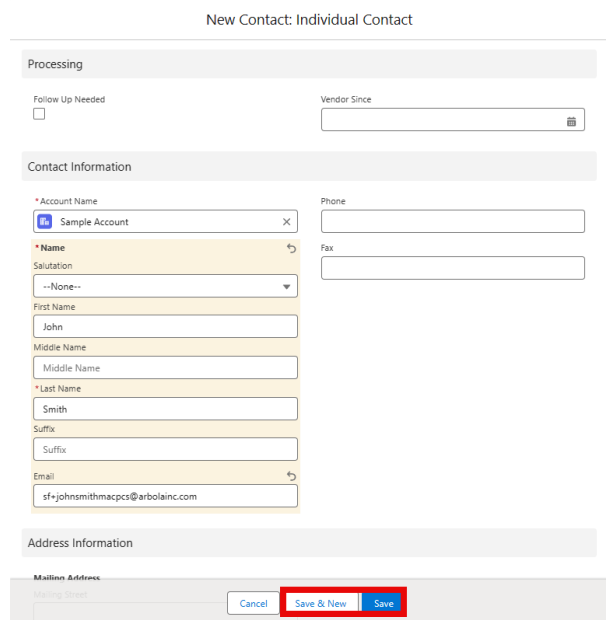


- Click the **radio button** beside the desired contact record type and then click the **Next** button.



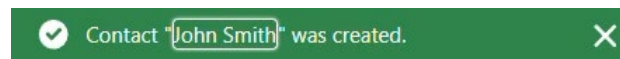
The image shows the 'New Contact' form. At the top, it says 'New Contact'. Below that, there's a section 'Select a record type' with two radio buttons: 'Individual Contact' (which is selected, indicated by a red arrow) and 'Business Contact'. At the bottom right, there are 'Cancel' and 'Next' buttons, with 'Next' highlighted in red.

- The **New Contact** record form (based on the record type selected) will display. Fill in the **New Contact** record form fields with the information known. When the form is completed, click the **Save** button or the **Save & New** button to continue creating contacts.



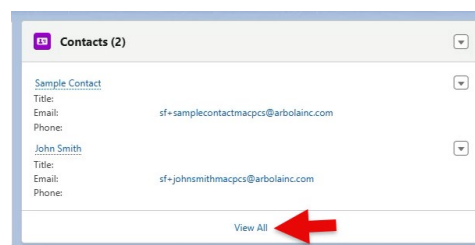
The image shows the 'New Contact: Individual Contact' form. It has a 'Processing' status bar at the top. Below that, there's a 'Follow Up Needed' checkbox and a 'Vendor Since' date field. The main section is 'Contact Information', which includes fields for 'Account Name' (with a dropdown showing 'Sample Account'), 'Name' (with a dropdown for 'Salutation' set to '--None--'), 'First Name' (John), 'Middle Name', 'Last Name' (Smith), 'Suffix', and 'Email' (sf+johnsmithmacpcs@arbolainc.com). There are also fields for 'Phone' and 'Fax'. At the bottom, there's an 'Address Information' section with a 'Mailing Address' field. At the bottom right, there are 'Cancel', 'Save & New', and 'Save' buttons, with 'Save & New' highlighted in red.

- A **green bar** will display to indicate that the **Contact** has been created.



- The new contact will display on the **Contacts related list**.

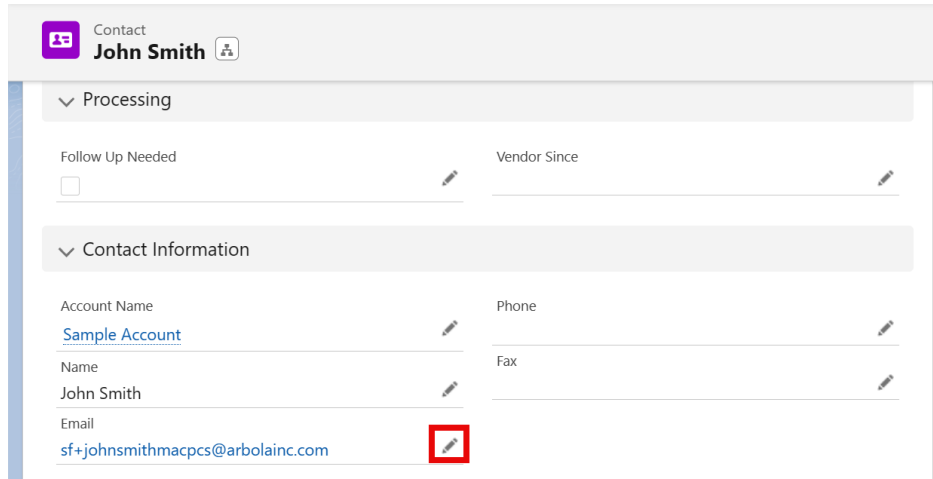
NOTE: Select **View All** to see all the contacts displayed in a **list view**.



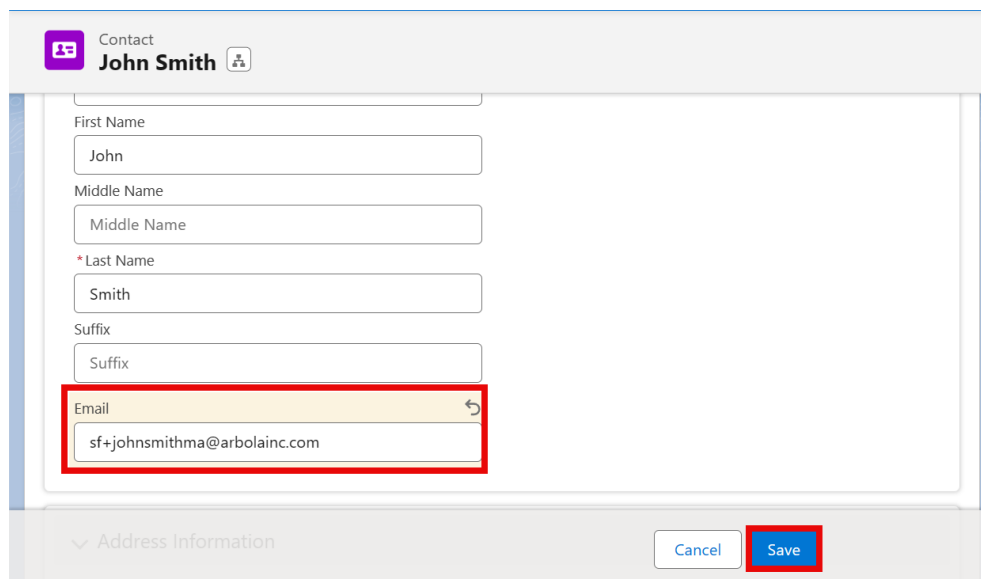
The image shows a 'Contacts (2)' list view. It has a title bar with a dropdown arrow. Below the title bar, there are two contact entries: 'Sample Contact' and 'John Smith'. Each entry shows 'Title', 'Email', and 'Phone' fields. At the bottom right, there is a 'View All' button with a red arrow pointing to it.

Edit a Contact

1. Click a **pencil icon** on the contact detail screen.



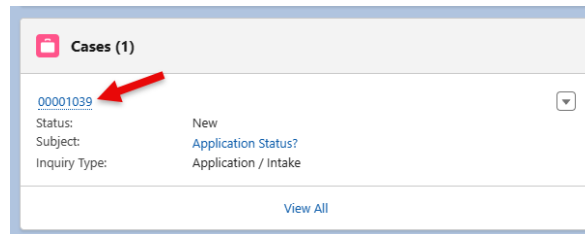
2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



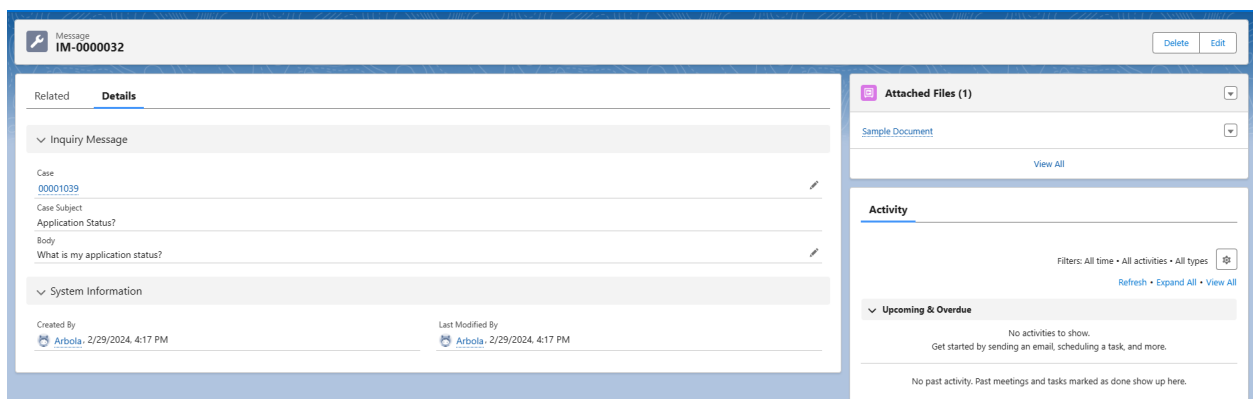
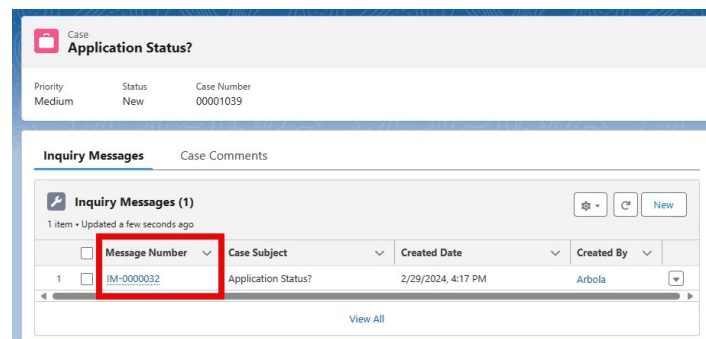
Cases (Contacts)

Cases are created to send secure messages to the portal. Incoming cases are sent from the vendors on the portal.

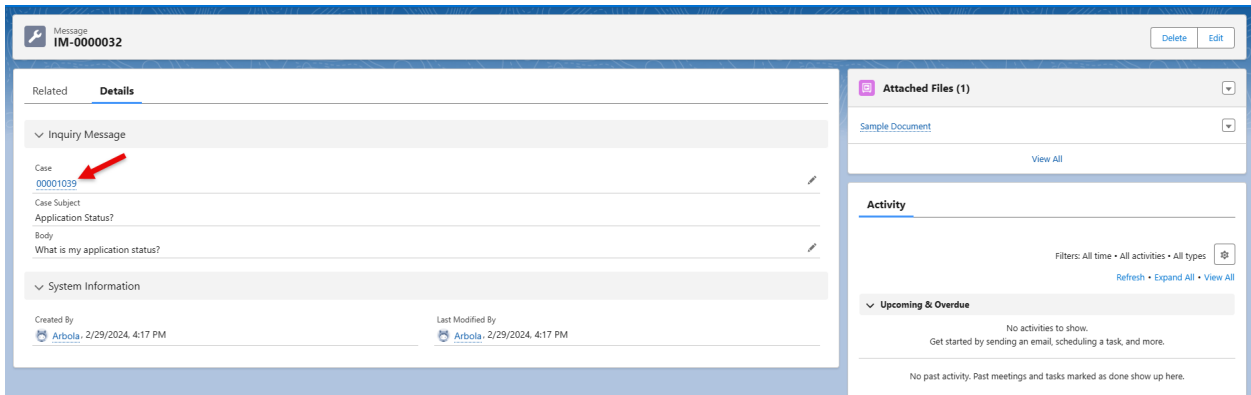
1. To view the details of the **Case**, click the **Case link** in the related list. The detail screen will display.



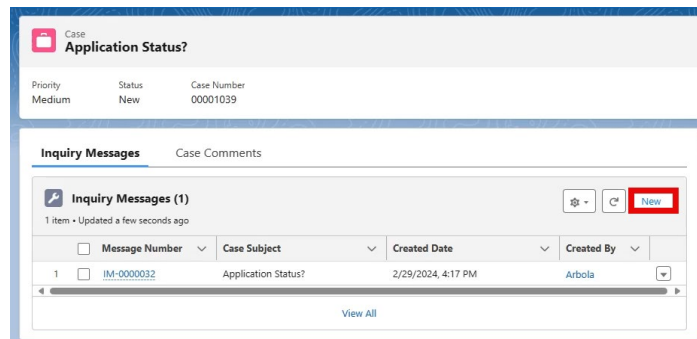
2. The **case details** will display. Click on the **Message Number** to open the message sent from the vendor.



- To return to the **Case** record, click the **Case link**.

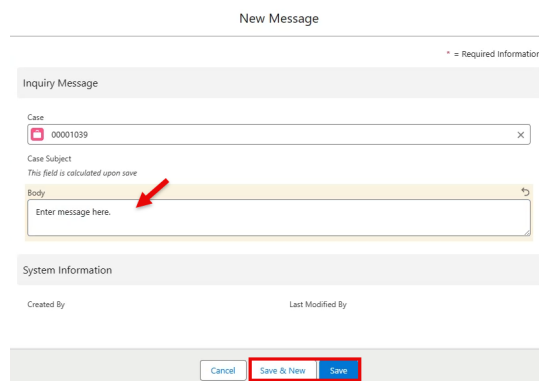


- To respond to the message, click on the **New** button. The **New Message** screen will display.



- The **New Message** form will display. Enter a message in the Body field, click the **Save** button or the **Save & New** button to continue creating messages.

NOTE: The case subject will automatically populate based on the initial message.



Case Subject
will be
calculated
upon save

bar will display to indicate that the **Contact** has been created.



- The response will display for the internal CPCS team on the **case record** and will sent to the vendor via the **portal**.

Inquiry Messages

Case Comments

Inquiry Messages (2)

2 items • Updated a few seconds ago

- To return to the **Contact or Account** records, click the [Account](#) or [Contact](#) link.

Case Application Status?		+ Follow Edit Delete															
Priority Medium	Status New	Case Number 00001039															
Inquiry Messages																	
Inquiry Messages (2) 2 items • Updated a few seconds ago																	
<table border="1"> <thead> <tr> <th>☐</th> <th>Message Number</th> <th>Case Subject</th> <th>Created Date</th> <th>Created By</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>IM-0000032</td> <td>Application Status?</td> <td>2/29/2024, 4:17 PM</td> <td>Arbola</td> </tr> <tr> <td>2</td> <td>IM-0000033</td> <td>Application Status?</td> <td>2/29/2024, 5:03 PM</td> <td>Arbola</td> </tr> </tbody> </table>			☐	Message Number	Case Subject	Created Date	Created By	1	IM-0000032	Application Status?	2/29/2024, 4:17 PM	Arbola	2	IM-0000033	Application Status?	2/29/2024, 5:03 PM	Arbola
☐	Message Number	Case Subject	Created Date	Created By													
1	IM-0000032	Application Status?	2/29/2024, 4:17 PM	Arbola													
2	IM-0000033	Application Status?	2/29/2024, 5:03 PM	Arbola													
View All																	
Details																	
Case Information																	
Case Owner Arbola	Contact Phone (555) 555-1212																
Case Number 00001039	Contact Email sfjohnsmith@arbola.com																
Contact Name John Smith	Case Origin Portal																
Account Name Sample Account																	
Inquiry Type Application / Intake																	

Notes (Contacts and Expertise)

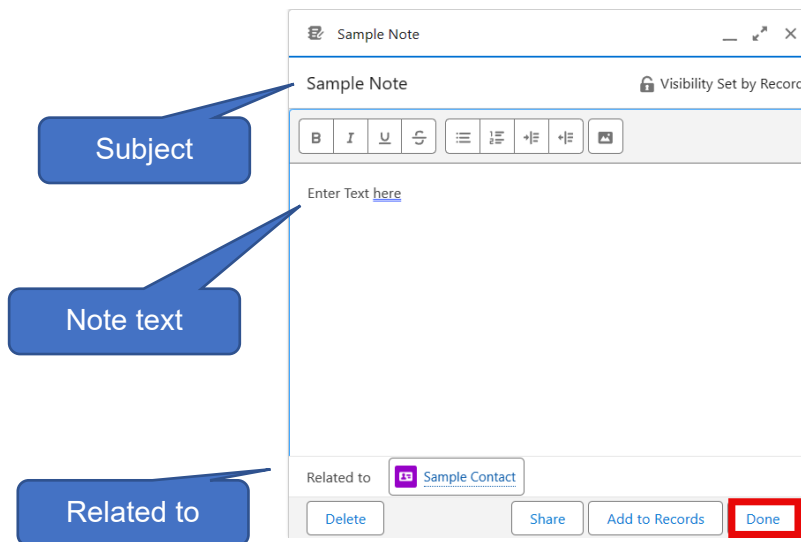
Notes are used by the CPCS staff to record internal notes and are not visible to vendors. Notes can be attached to the Contact or Expertise record.

1. On the Notes related object, select the down arrow and the **NEW** button. The new note form will display on the bottom right of the screen.



2. On the **New Note** screen, type a **Subject**. Enter a **Note text** applying the formatting as desired. The **Related To** will automatically populate with the Expertise/Contact name. To save the note on the record, click the **Done** button.

Note: If the same note needs to be added to another record, please see the next step listed.



Sample Note

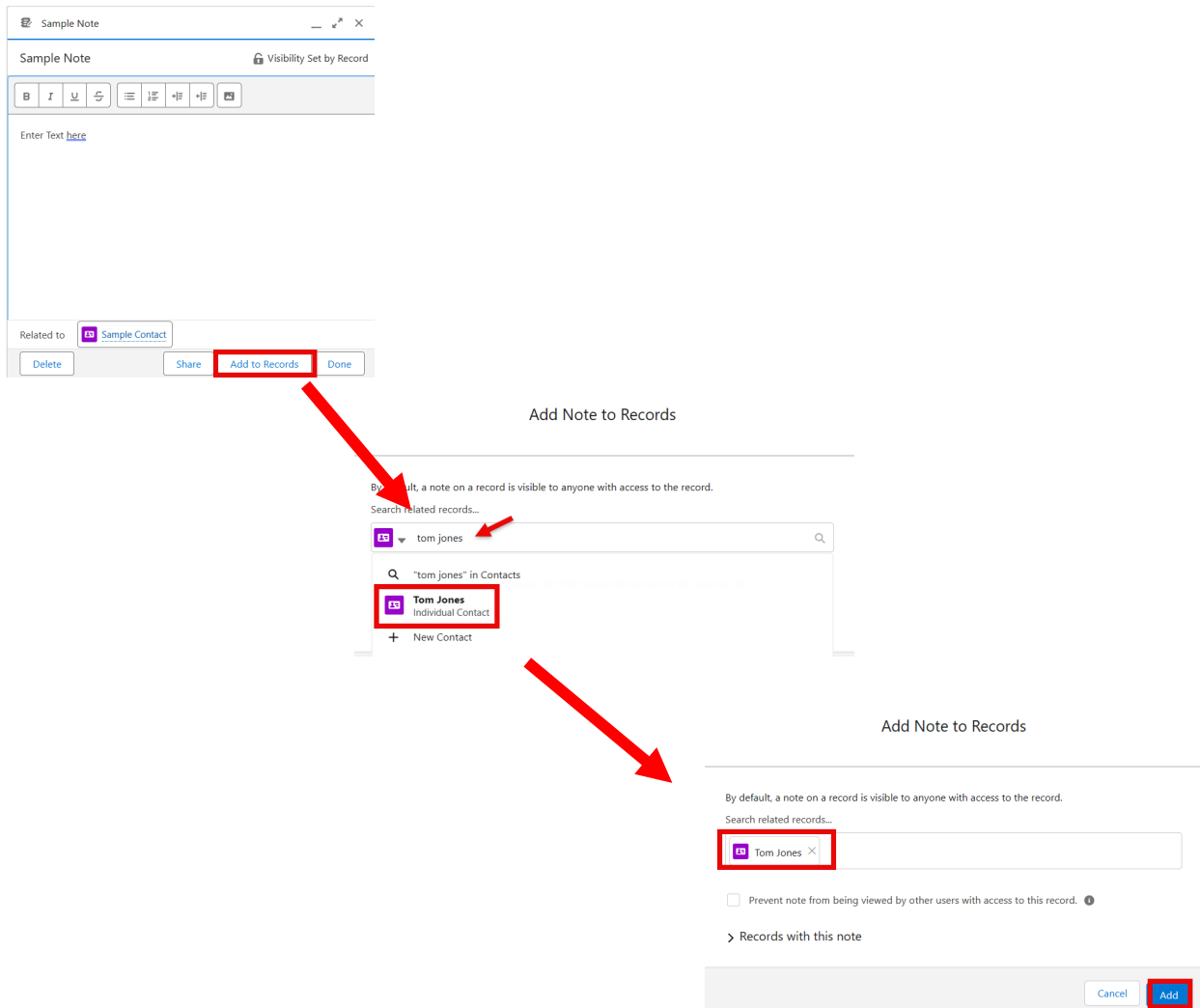
Visibility Set by Record

Enter Text [here](#)

Related to [Sample Contact](#)

Delete Share Add to Records **Done**

- To save the same note on another record, click the **Add to Records** button. Begin typing the Expertise/Contact name in the lookup field and select. Click **Add** to return to the note.

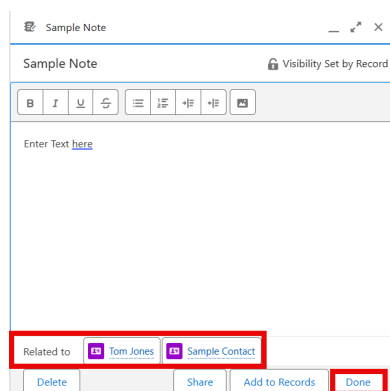


The first screenshot shows a 'Sample Note' editor. At the bottom, the 'Related to' section shows 'Sample Contact'. The 'Add to Records' button is highlighted with a red box. A red arrow points from this button to the second screenshot.

The second screenshot shows the 'Add Note to Records' dialog. The search field contains 'tom jones'. Below the search field, a list of results is shown, with 'Tom Jones' (Individual Contact) highlighted by a red box. A red arrow points from this result to the third screenshot.

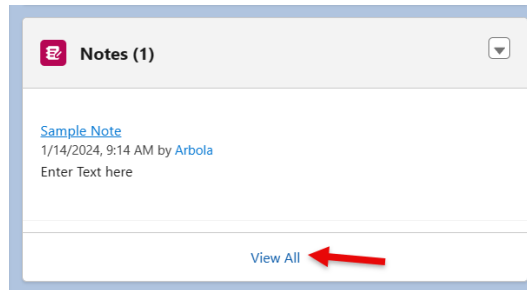
The third screenshot shows the 'Add Note to Records' dialog. The search field contains 'Tom Jones'. Below the search field, there is a checkbox labeled 'Prevent note from being viewed by other users with access to this record.' and a section titled 'Records with this note'. At the bottom right, the 'Add' button is highlighted with a red box.

- Both Records will be noted in the **Related to** section. Click the **Done** button to save the note on the record.



The screenshot shows the 'Sample Note' editor. The 'Related to' section at the bottom now lists both 'Tom Jones' and 'Sample Contact'. The 'Done' button is highlighted with a red box.

5. The new note will now appear on the **Notes related list**. Select the **View All** to see all the notes in a **list view**.



Panels (Expertise)

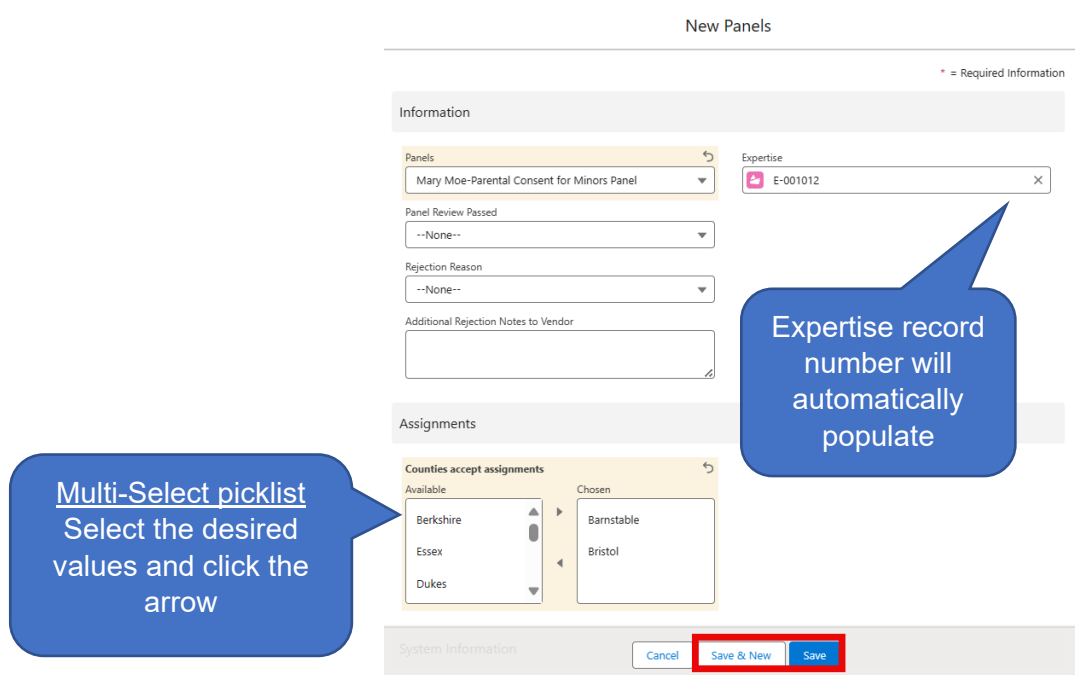
Panels are connected to an expertise record (Attorneys Only) and is created from the application. Panels can be manually entered. First the Panel must be created and after the panel is created, any additional Panel Details can be filled in.

1. With the **Expertise** displaying, click the **down arrow** on the right side of the panels related list and then select the **New** button.



2. Fill in the **New Panels** record form fields with the information known about the panel. When the form is completed, click the **Save** button or the **Save & New** button to continue creating panels.

NOTE: Based on the panel option selected, additional fields will display after the record is created.



Information

* = Required Information

Panels: Mary Moe-Parental Consent for Minors Panel

Expertise: E-001012

Panel Review Passed: --None--

Rejection Reason: --None--

Additional Rejection Notes to Vendor:

Assignments

Counties accept assignments

Available: Berkshire, Essex, Dukes

Chosen: Barnstable, Bristol

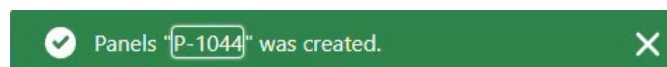
System Information

Cancel Save & New Save

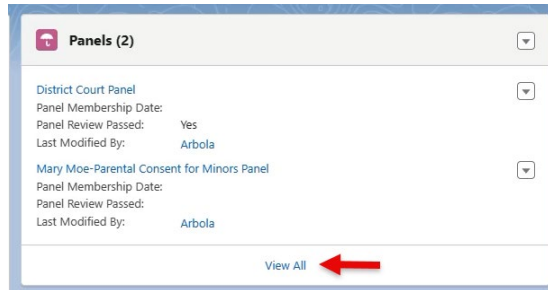
Expertise record number will automatically populate

Multi-Select picklist Select the desired values and click the arrow

3. A **green bar** will display to indicate that the **Panel** has been created.

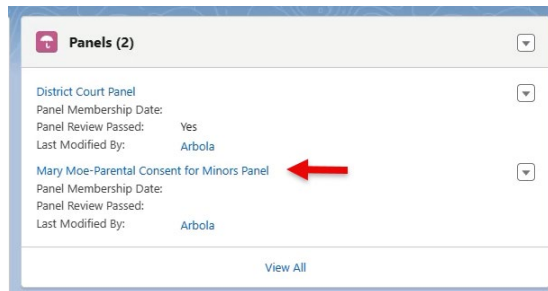
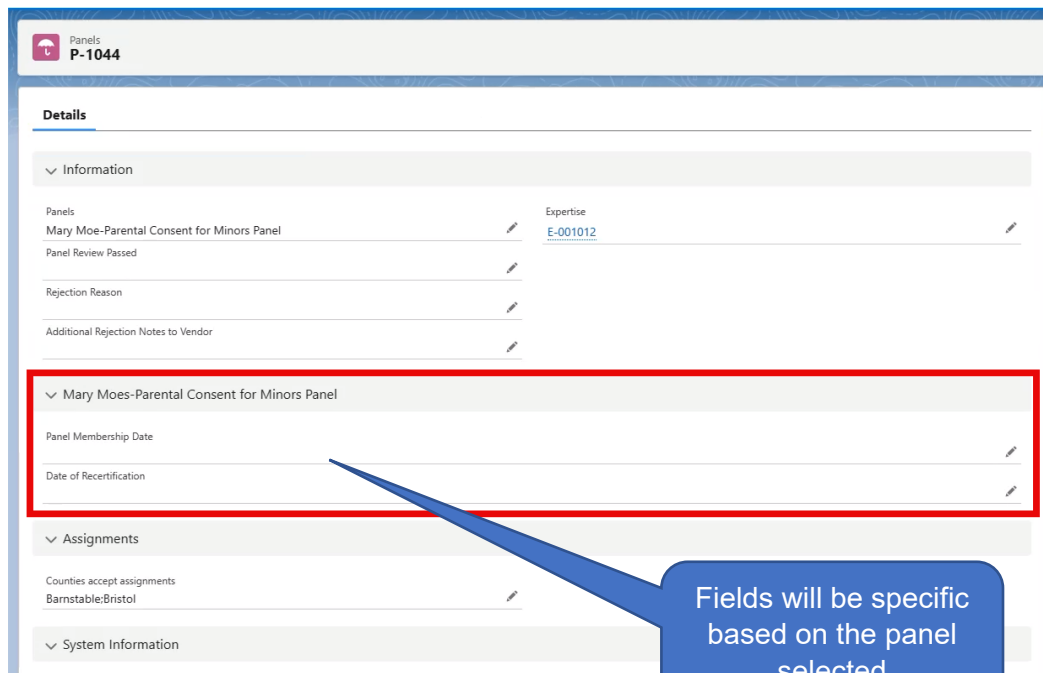


- The new panel will now appear on the **panels related list**. Select the **View All** to see all the panels in a **list view**.

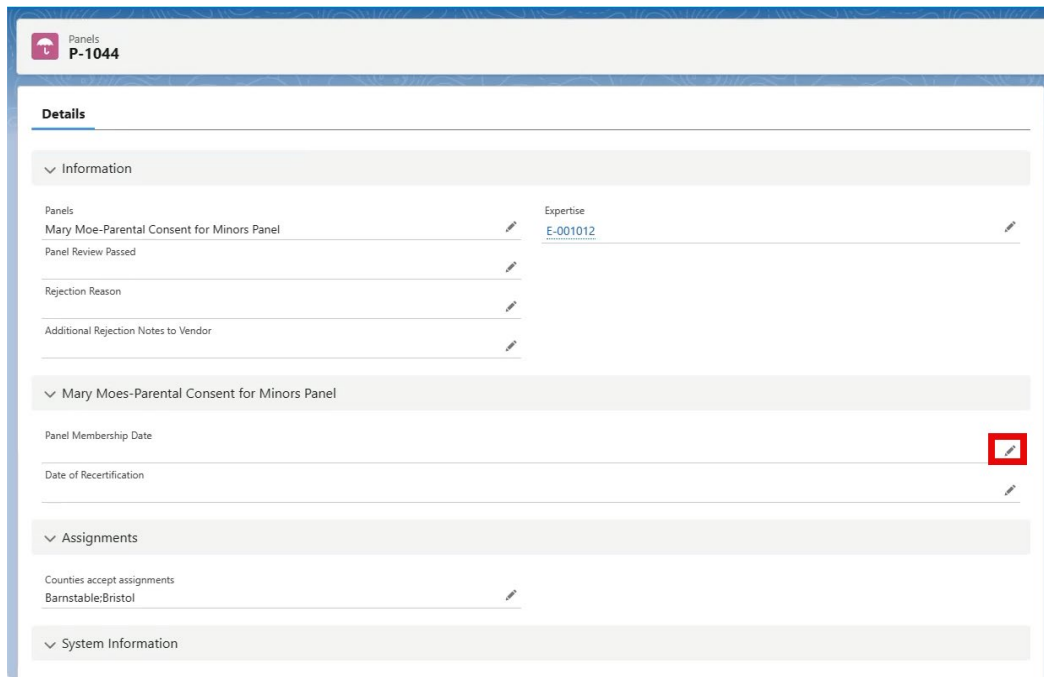


- To view the details of the **Panel**, click the **Panel Name link** in the related list. The detail screen will display.

NOTE: The record can be edited and the additional fields will display based on the panel selected.

- Click a **pencil icon** on the panel detail screen to enter additional information on the Panel or edit a field.



Details

Information

Panel: Mary Moe-Parental Consent for Minors Panel

Expertise: E-001012

Panel Review Passed

Rejection Reason

Additional Rejection Notes to Vendor

Mary Moe-Parental Consent for Minors Panel

Panel Membership Date

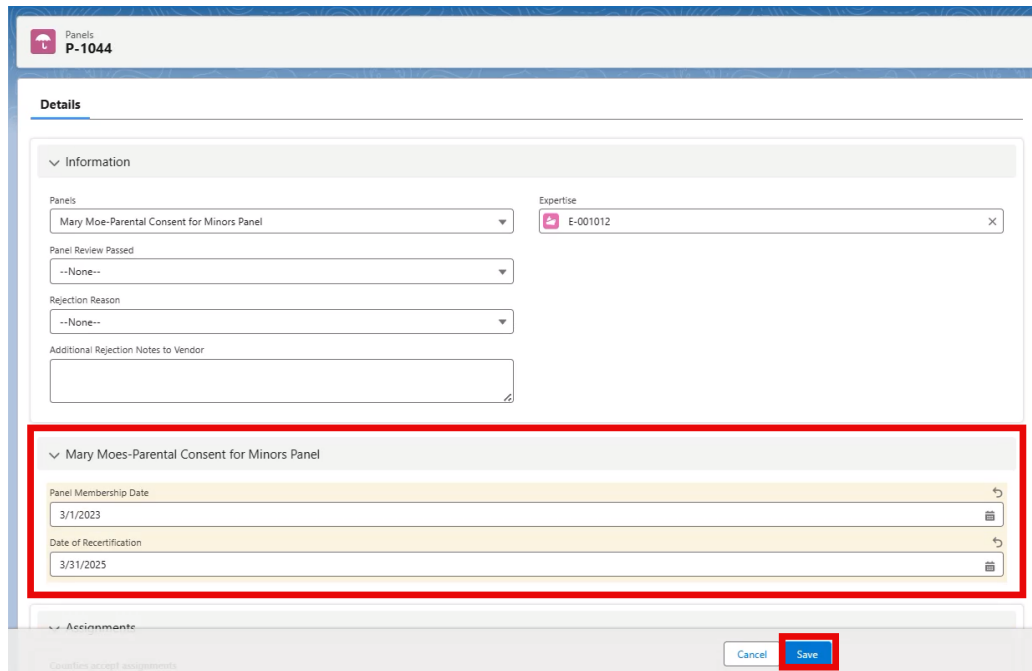
Date of Recertification

Assignments

Counties accept assignments: Barnstable:Bristol

System Information

- Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Details

Information

Panel: Mary Moe-Parental Consent for Minors Panel

Expertise: E-001012

Panel Review Passed: --None--

Rejection Reason: --None--

Additional Rejection Notes to Vendor

Mary Moe-Parental Consent for Minors Panel

Panel Membership Date: 3/1/2023

Date of Recertification: 3/31/2025

Assignments

Counties accept assignments

Cancel Save

8. To return to the **Expertise** record, click the [Expertise number link](#).



Panels
P-1044

Details

Information

Panels
Mary Moe-Parental Consent for Minors Panel

Expertise

E-001012

Panel Review Passed

Rejection Reason

Additional Rejection Notes to Vendor

Mary Moe-Parental Consent for Minors Panel

Panel Membership Date

3/1/2023

Date of Recertification

3/31/2025

Assignments

Counties accept assignments

Barnstable;Bristol

System Information

Created By


Arbola, 2/27/2024, 4:24 PM

Last Modified By


Arbola, 2/27/2024, 4:25 PM

Attached Files (Expertise)

Files are uploaded with the application wizard or can be added to an Expertise record in Salesforce.

Create an Attached File

1. With the **Expertise** displaying, click the **down arrow** on the right side of the Attached Files related list and then select the **New** button.



2. Fill in the **New Attached File** record form fields with the information known about the Business Address. When the form is completed, click the **Save** button or the **Save & New** button to continue creating Business Addresses.

New Attached File

Information	
* Attached File Name Certification File	Expiration Date 12/19/2024
File Type Certification(s)	

Red Asterisk indicates field is required

Use the calendar to select a date or type the date in the fields.

Click the arrow on picklist fields to select the desired value

Related	
Expertise E-001012	Experience Search Experience...
Case Search Cases...	FAQ Article Search FAQ Articles...
Inquiry Message Search Messages...	Handbook Search CPCS Vendor Handbooks...
License Search Licenses...	Contact Search Contacts...

The Expertise record will automatically populate

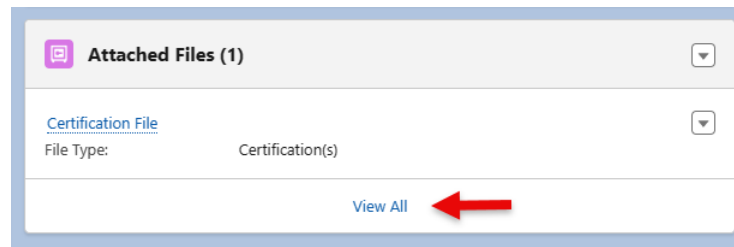
System Information

Created By: Last Modified By:

3. A **green bar** will display to indicate that the **Attached File** record has been created.

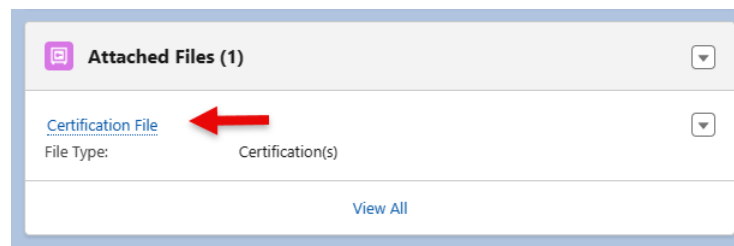


- The new experience will now appear on the **Attached Files related list**. Select the **View All** to see all the attached files records in a **list view**.

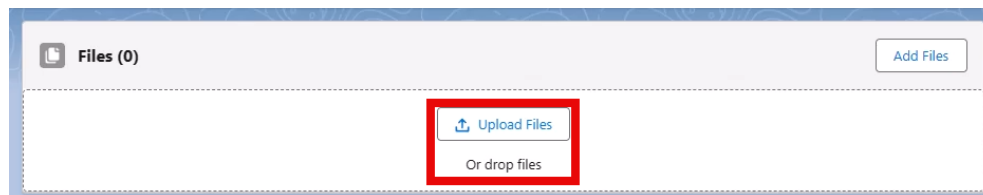


Attach a File

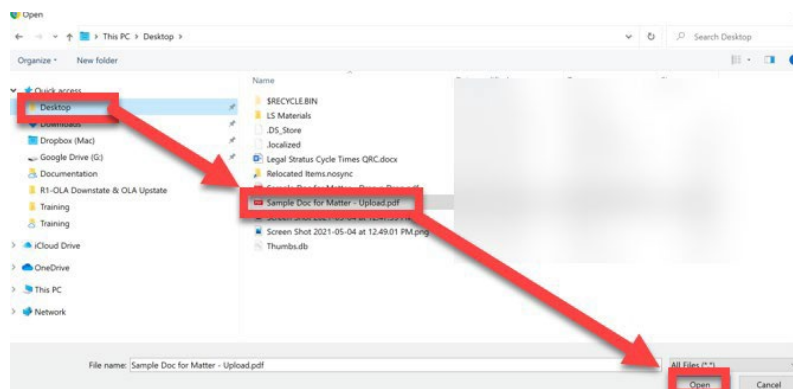
- To view the details of the **Attached File**, click the **link** in the related list. The detail screen will display and the file can be attached.



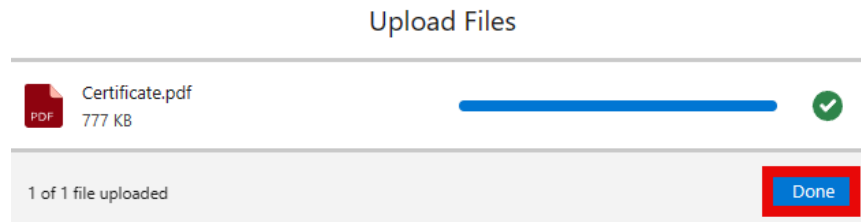
- The **attached file** record will display. On the right side of the screen, the **files** related list will display. Click the **Upload Files** button to select a document or **drop** the file in the related list.



- Navigate to the file's location, **Select the file**, and then click the **Open** button.



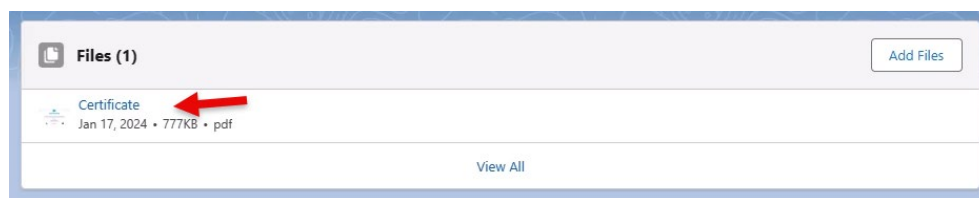
- Click the **Done** button on the **Upload Files** dialogue box.



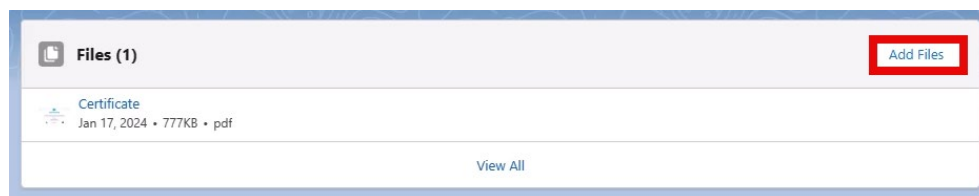
- A **green bar** will display to indicate that the **File** was added to the **Attached File** record has been created.



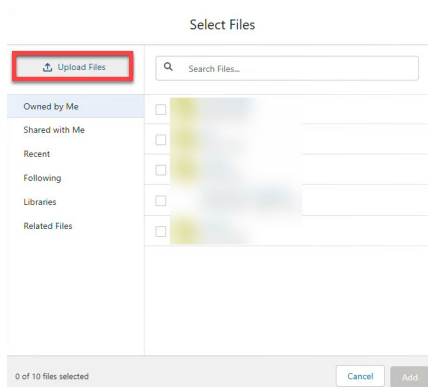
- The uploaded file will now display on the **Files** related list.



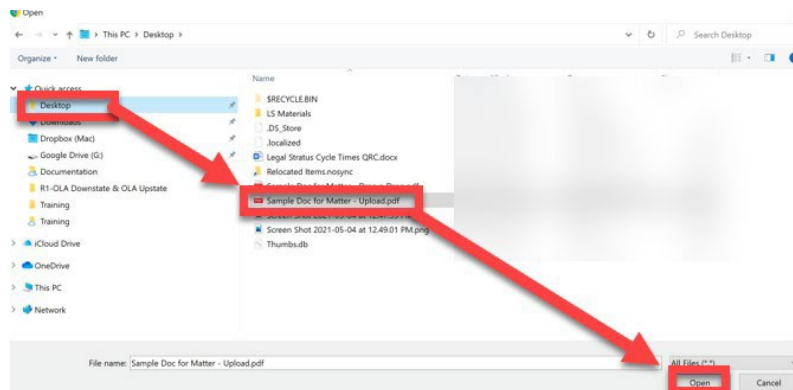
- To add additional files, click the **Add files** button.



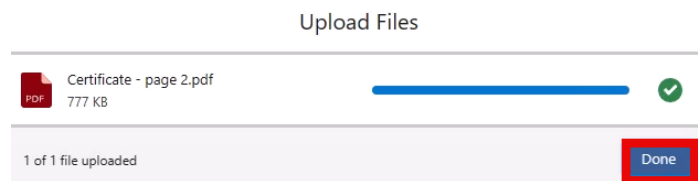
- To upload a document from your computer, click the **Upload Files** button on the Select Files dialogue box.



9. Navigate to the file's location, **Select the file**, and then click the **Open** button.



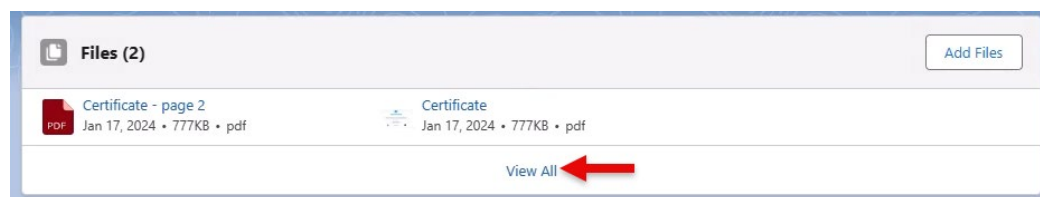
10. Click the **Done** button on the **Upload Files** dialogue box.



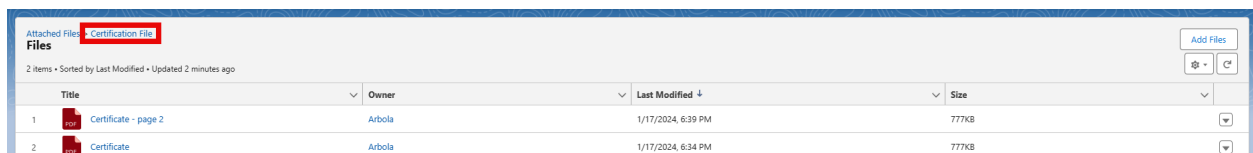
11. A **green bar** will display to indicate that the **File** was added to the **Attached File** record has been created.



12. All of the uploaded files will now display on the **Files** related list. Select the **View All** to see all the files in a **list view**.



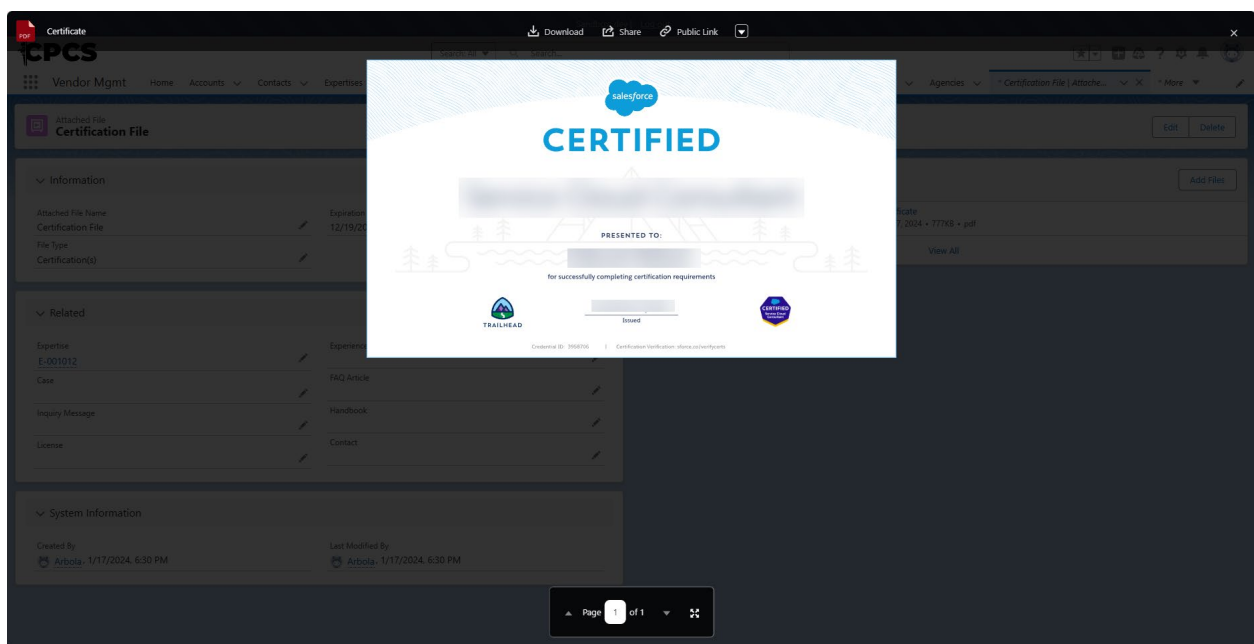
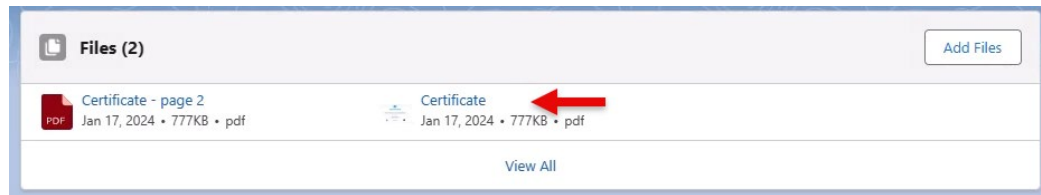
13. To return to the **Attached Files** record, click the Attached Files **link**.



View a File

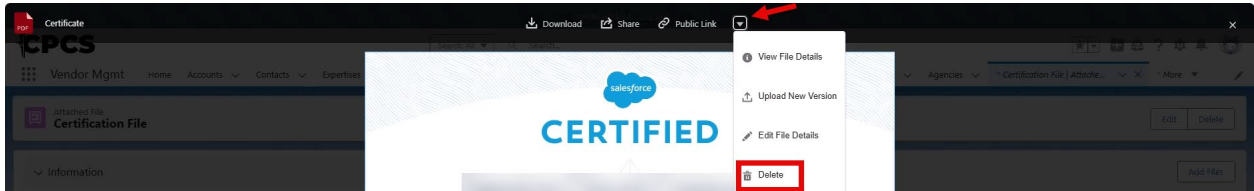
To view a file preview, click the **File Name link**. The document will display a preview.

NOTE: A file can be downloaded to your computer if needed. Select the Download button on top center of your screen.



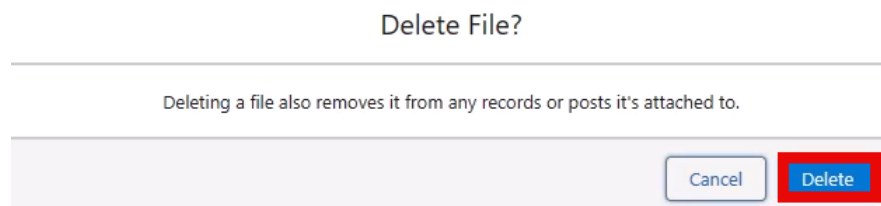
Delete a File

1. With the file preview displaying, click the **down arrow** on the top center of the screen and then select the **Delete** button.



2. The system will confirm the file should be deleted, click **Delete** to proceed.

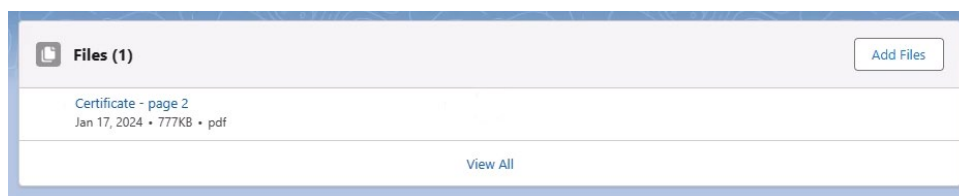
NOTE: Deleting a file also removes it from any records or posts it's attached to.



3. A **green bar** will display to indicate that the **File** has been deleted.



4. The **File** will be removed from the **Files** related list.



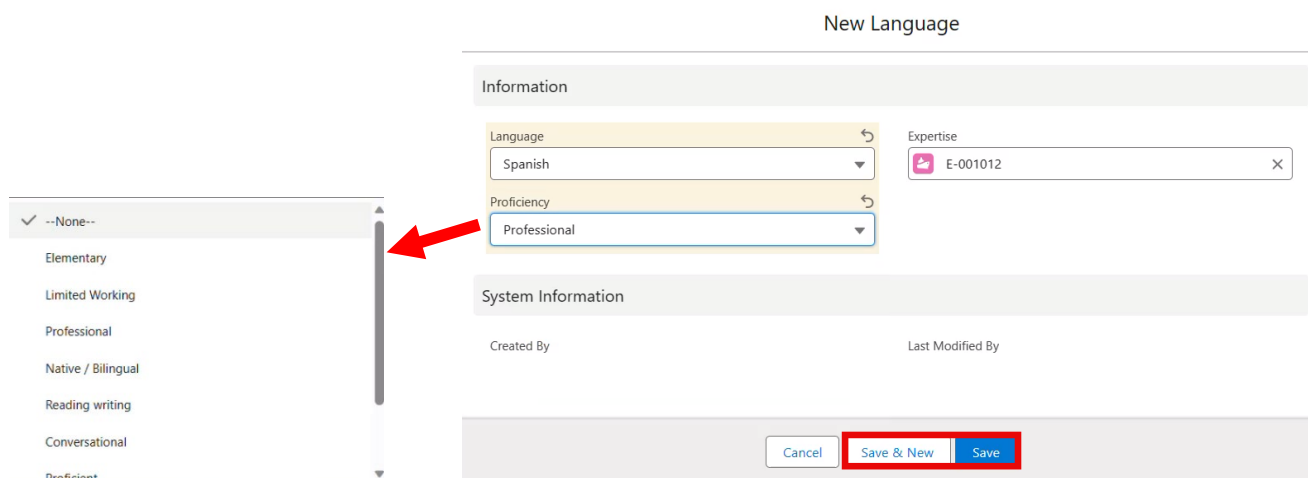
Languages (Expertise)

Language records are created/updated from the online application or can be manually entered.

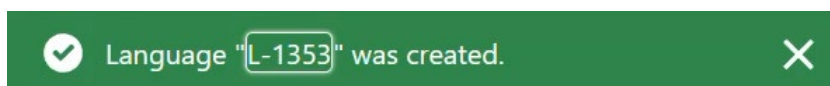
1. With the **Expertise** displaying, click the **down arrow** on the right side of the languages related list and then select the **New** button.



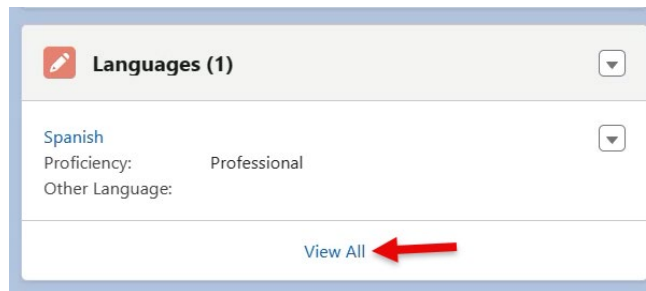
2. Fill in the **New Language** record form fields with the information known about the language. When the form is completed, click the **Save** button or the **Save & New** button to continue creating languages.



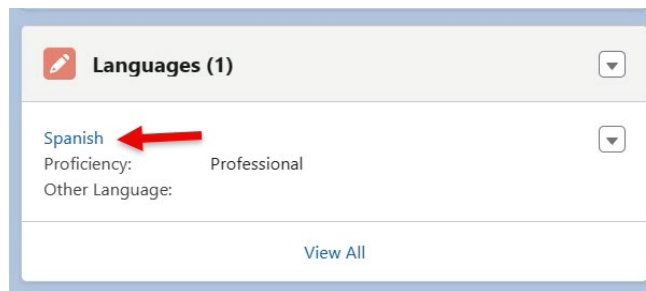
3. A **green bar** will display to indicate that the **Language** has been created.



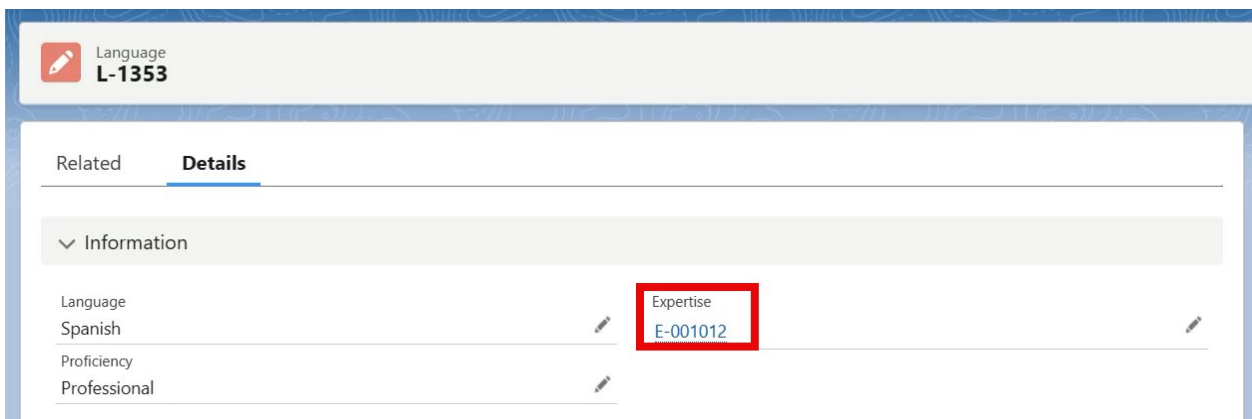
- The new language will now appear on the **Language related list**. Select the [View All](#) to see all the panels in a **list view**.



- To view the details of the **Language**, click the [Language link](#) in the related list. The detail screen will display and the fields can be edited.

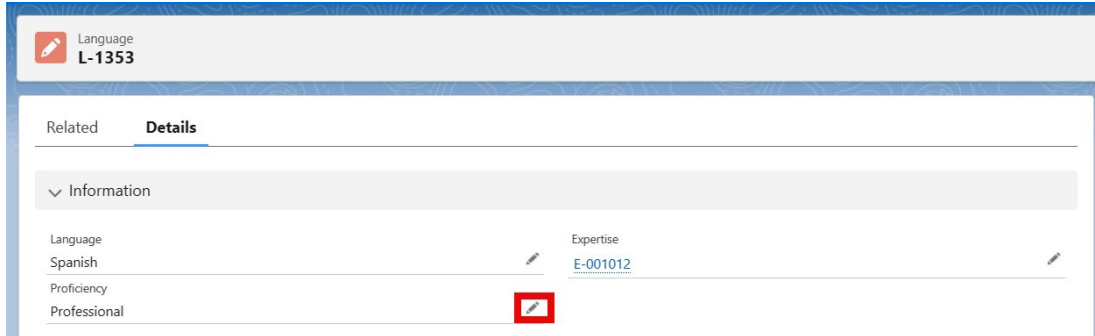


- To return to the **Expertise** record, click the [Expertise number link](#).



Edit a Language

1. Click a **pencil icon** on the language detail screen.



Language L-1353

Related **Details**

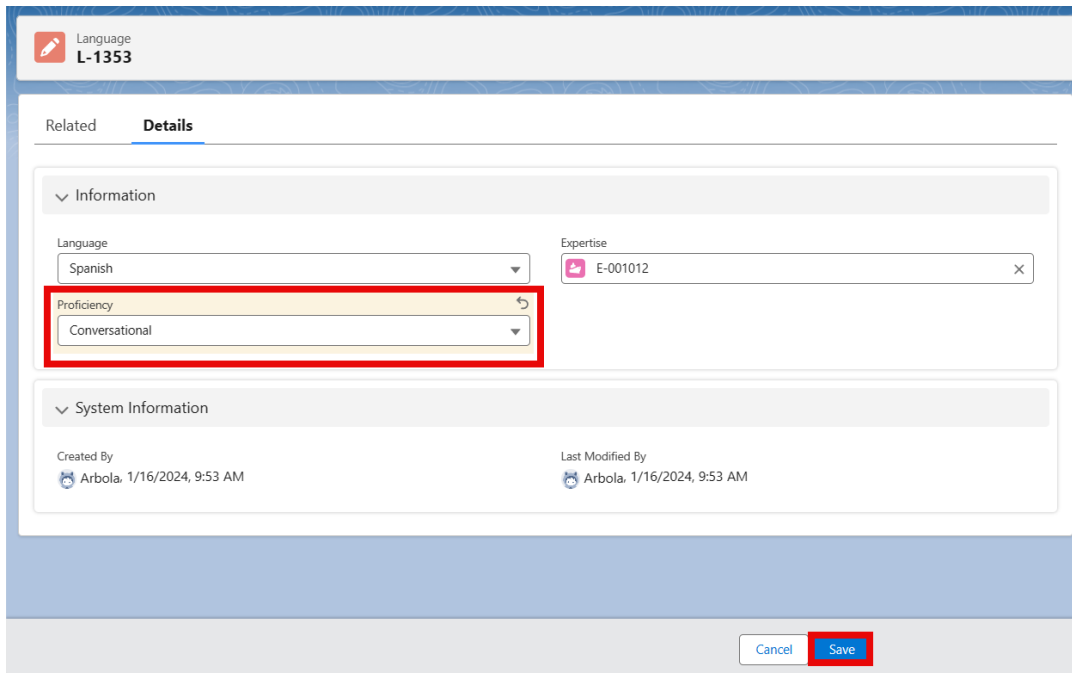
Information

Language Spanish

Expertise E-001012

Proficiency Professional

9. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Language L-1353

Related **Details**

Information

Language Spanish

Expertise E-001012

Proficiency Conversational

System Information

Created By Arbola, 1/16/2024, 9:53 AM

Last Modified By Arbola, 1/16/2024, 9:53 AM

Cancel **Save**

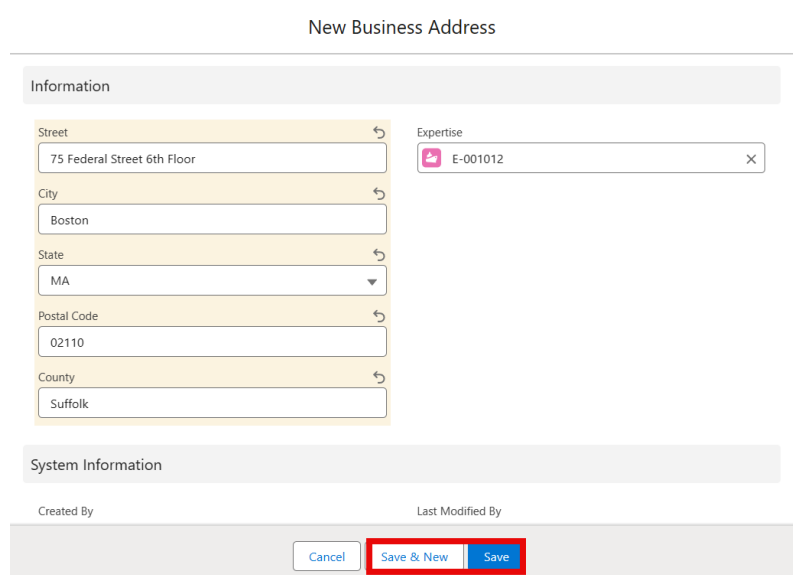
Business Addresses (Expertise)

Business Address records are created from the online application or can be manually entered.

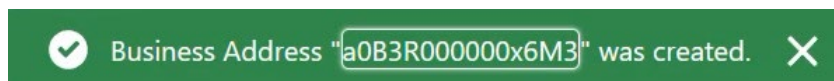
1. With the **Expertise** displaying, click the **down arrow** on the right side of the Business Addresses related list and then select the **New** button.



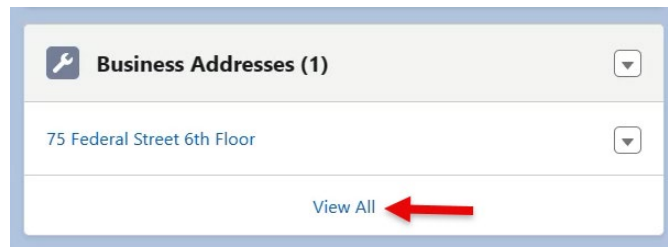
2. Fill in the **New Business Address** record form fields with the information known about the Business Address. When the form is completed, click the **Save** button or the **Save & New** button to continue creating Business Addresses.



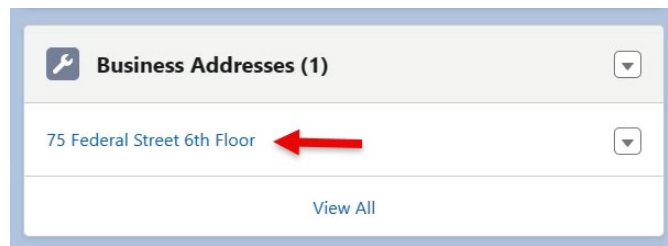
3. A **green bar** will display to indicate that the **Business Address** has been created.



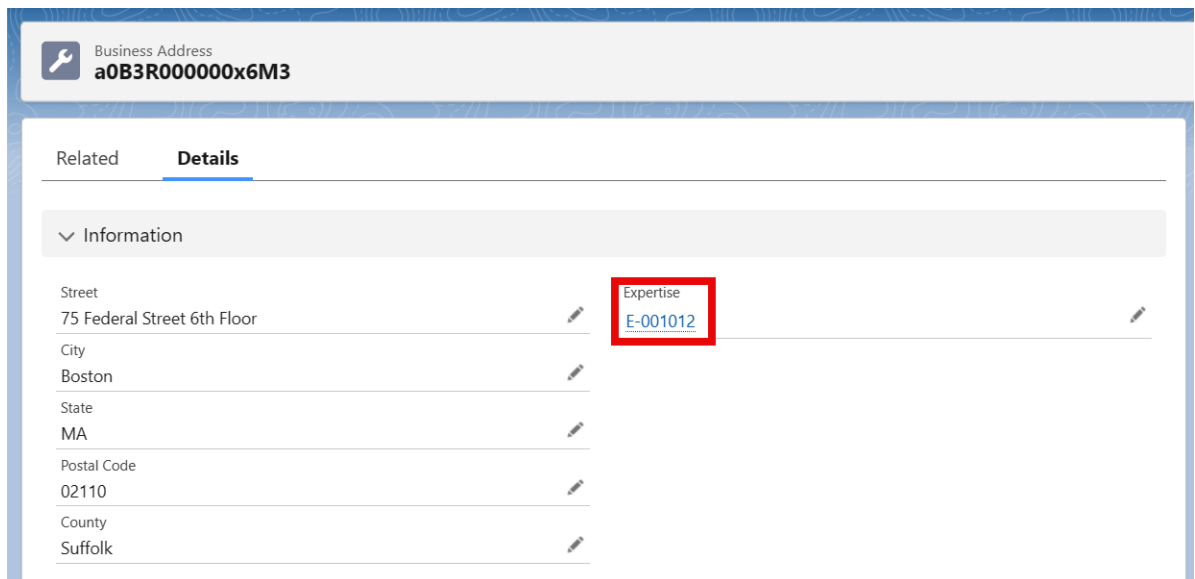
- The new language will now appear on the **Business Address** related list. Select the [View All](#) to see all the business addresses in a **list view**.



- To view the details of the **Business Addresses**, click the [Address link](#) in the related list. The detail screen will display and the fields can be edited.

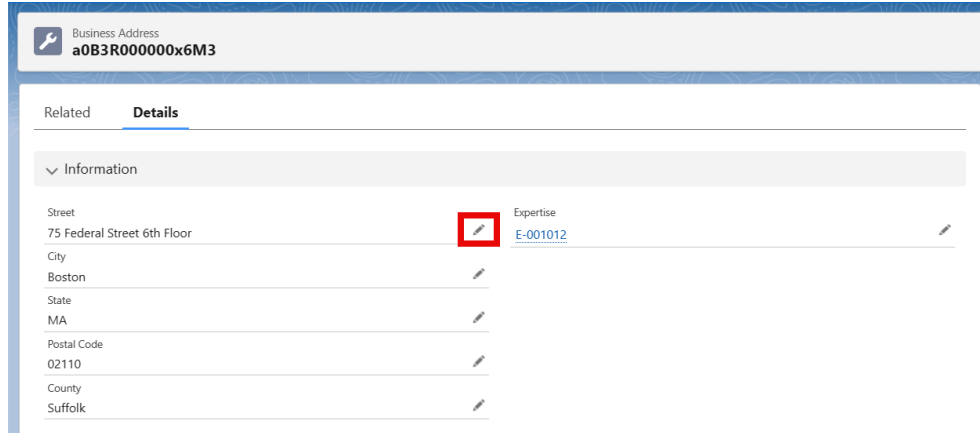


- To return to the **Expertise** record, click the [Expertise number link](#).



Edit a Business Addresses

1. Click a **pencil icon** on the Business Address detail screen.



Business Address
a0B3R000000x6M3

Related **Details**

Information

Street
75 Federal Street 6th Floor

City
Boston

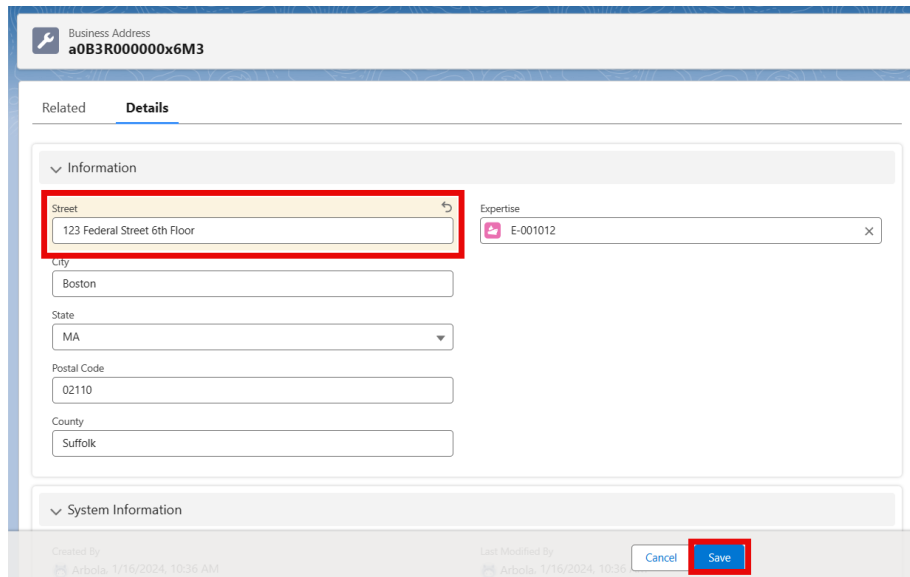
State
MA

Postal Code
02110

County
Suffolk

Expertise
E-001012

10. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Business Address
a0B3R000000x6M3

Related **Details**

Information

Street
123 Federal Street 6th Floor

City
Boston

State
MA

Postal Code
02110

County
Suffolk

Expertise
E-001012

System Information

Created By
Arbola, 1/16/2024, 10:36 AM

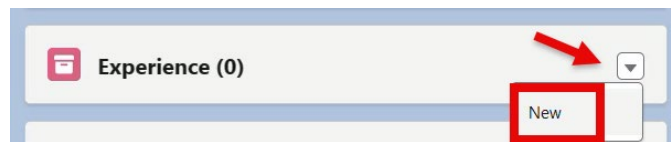
Last Modified By
Arbola, 1/16/2024, 10:36 AM

Cancel Save

Experience (Expertise)

Experience information is additional information requested after they are approved. The information can be entered on the Vendor Portal or manually entered in Salesforce by CPCS.

1. With the **Expertise** displaying, click the **down arrow** on the right side of the Experience related list and then select the **New** button.



2. Fill in the **New Experience** record form fields with the information known about the Business Address. When the form is completed, click the **Save** button or the **Save & New** button to continue creating Experiences.

New Experience

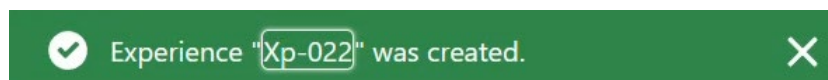
Information

Date 1/1/2024	* Expertise E-001012
Case Name Sample Case Name	Docket # CR-12345-23
Hiring Attorney John Smith	Court Supreme Court
Service Provided	Hiring Attorney BBO#

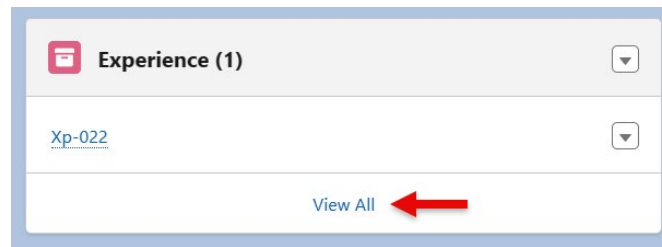
System Information

Created By Last Modified By

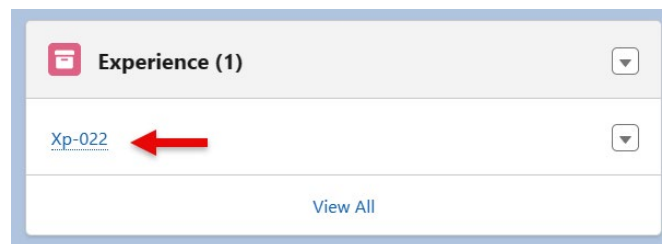
3. A **green bar** will display to indicate that the **Experience** has been created.



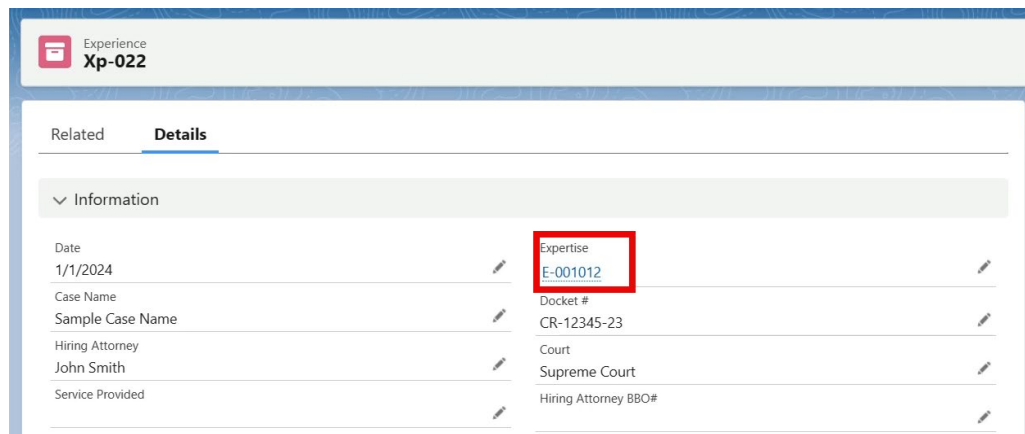
- The new experience will now appear on the **Experiences related list**. Select the [View All](#) to see all the experience in a **list view**.



- To view the details of the **Experience**, click the [link](#) in the related list. The detail screen will display and the fields can be edited.

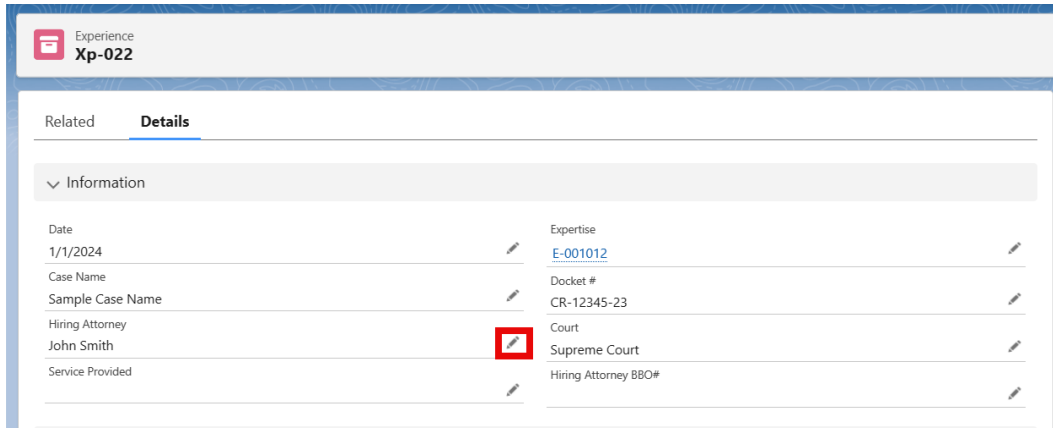


- To return to the **Expertise** record, click the [Expertise number link](#).



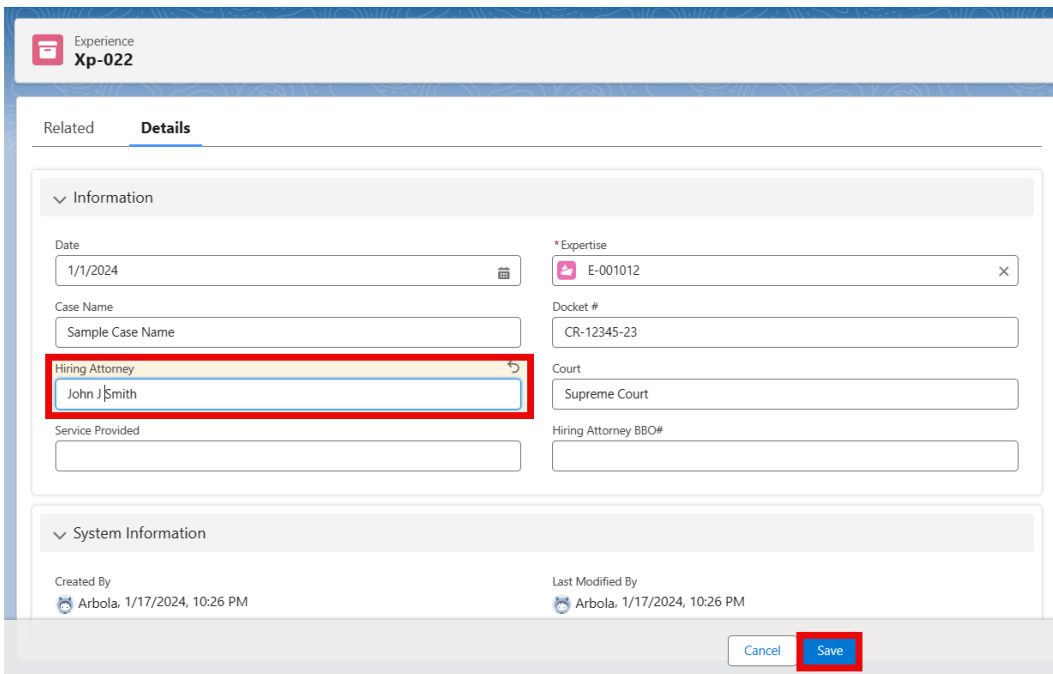
Edit an Experience

1. Click a **pencil icon** on the experience detail screen.



Experience Xp-022	
Related Details	
Information	
Date	1/1/2024
Case Name	Sample Case Name
Hiring Attorney	John Smith
Service Provided	
Expertise	E-001012
Docket #	CR-12345-23
Court	Supreme Court
Hiring Attorney BBO#	

2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



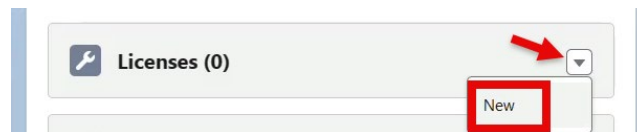
Experience Xp-022	
Related Details	
Information	
Date	1/1/2024
Case Name	Sample Case Name
Hiring Attorney	John J. Smith
Service Provided	
Expertise	E-001012
Docket #	CR-12345-23
Court	Supreme Court
Hiring Attorney BBO#	
System Information	
Created By	Arbola. 1/17/2024, 10:26 PM
Last Modified By	Arbola. 1/17/2024, 10:26 PM

Cancel
Save

Licenses (Expertise - Other Record)

License information is additional information requested after they are approved. The information can be entered on the Vendor Portal or manually entered in Salesforce by CPCS.

1. With the **Expertise** displaying, click the **down arrow** on the right side of the licenses related list and then select the **New** button.

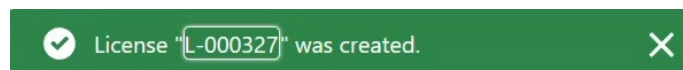


2. Fill in the **New License** record form fields with the information known about the License. When the form is completed, click the **Save** button or the **Save & New** button to continue creating License.

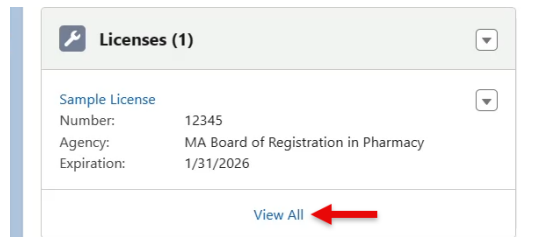
New License

Information	
* License Type Sample License	Expertise E-001015
* Agency MA Board of Registration in Pharmacy	* Number 12345
	* Expiration 1/31/2026
System Information	
Created By	Last Modified By
Cancel Save & New Save	

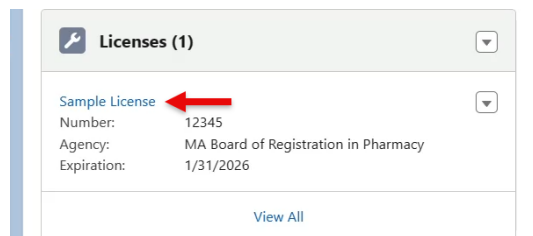
3. A **green bar** will display to indicate that the **License** has been created.



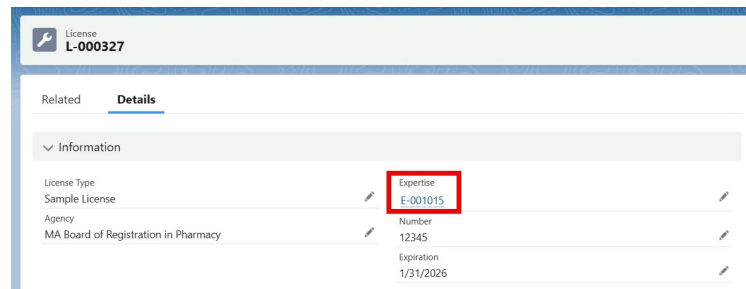
- The new license will now appear on the **License related list**. Select the [View All](#) to see all the licenses in a **list view**.



- To view the details of the **License**, click the [link](#) in the related list. The detail screen will display and the fields can be edited.

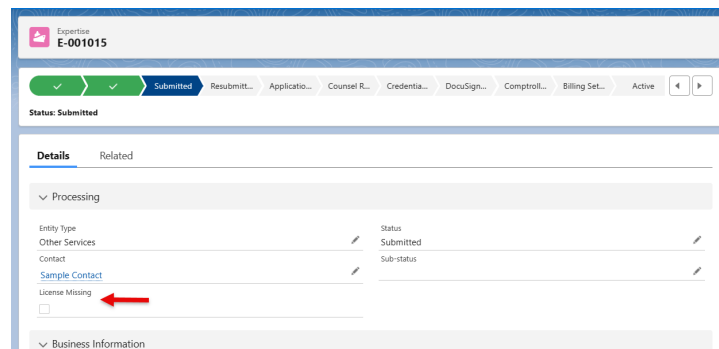


- To return to the **Expertise** record, click the [Expertise number link](#).



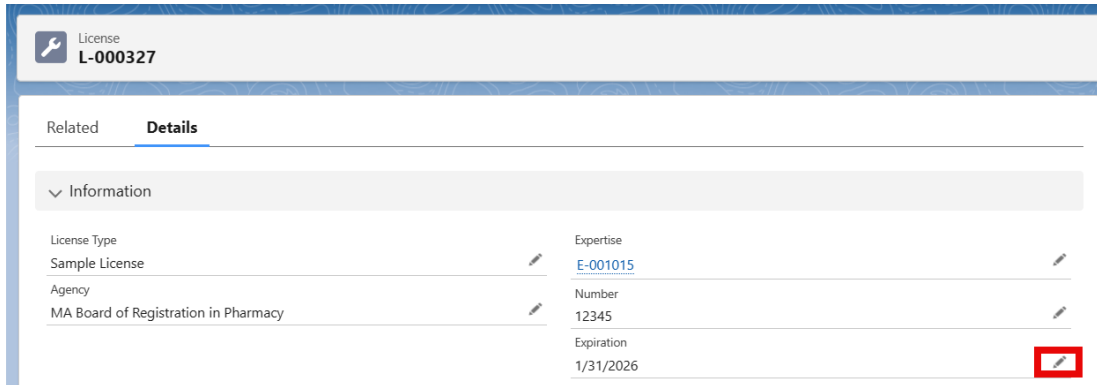
- When an Expert is required to submit a license and hasn't attached a license, the [License Missing](#) checkbox on the Expertise record will be populated.

NOTE: The system is **NOT** requiring any experts to submit licenses during the vendor application wizard.



Edit a License

1. Click a **pencil icon** on the license detail screen.



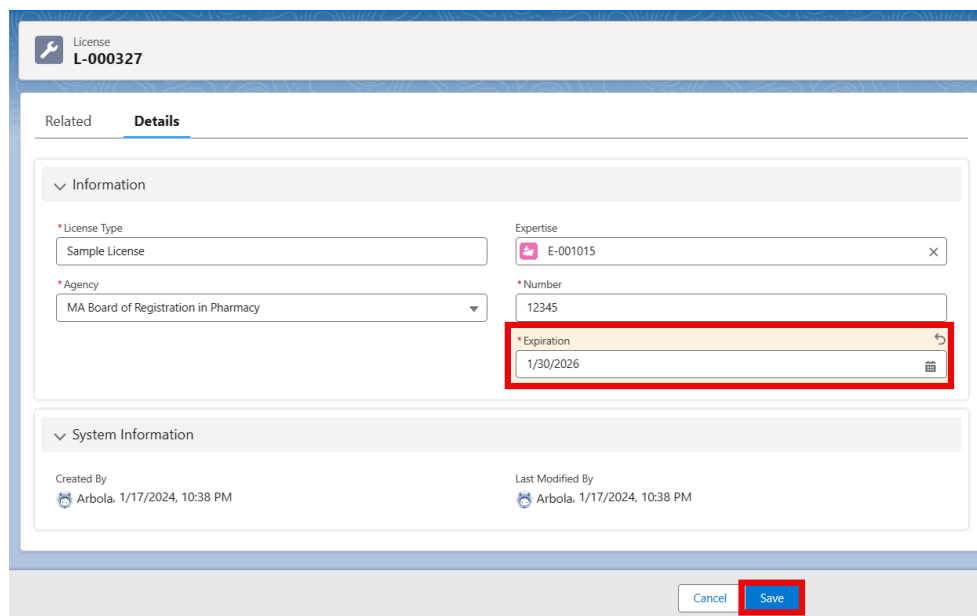
License L-000327

Related **Details**

Information

License Type	Sample License	Expertise	E-001015
Agency	MA Board of Registration in Pharmacy	Number	12345
		Expiration	1/31/2026

2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



License L-000327

Related **Details**

Information

* License Type	Sample License	Expertise	E-001015
* Agency	MA Board of Registration in Pharmacy	* Number	12345
		* Expiration	1/30/2026

System Information

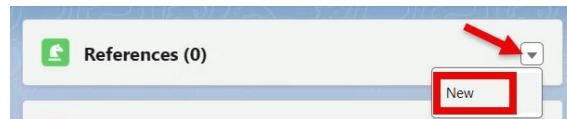
Created By	Arbola, 1/17/2024, 10:38 PM	Last Modified By	Arbola, 1/17/2024, 10:38 PM
------------	-----------------------------	------------------	-----------------------------

Cancel **Save**

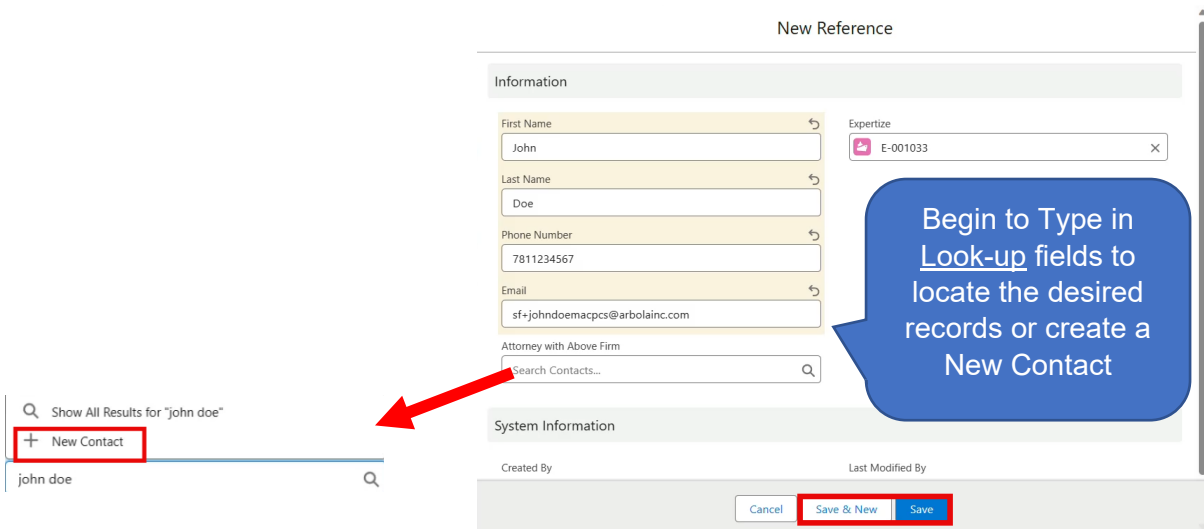
References (Expertise - Agency Direct Services)

Reference records are created from the online application or can be manually entered. Files can be attached to Reference records (See Attach Files on page 33)

1. With the **Expertise** displaying, click the **down arrow** on the right side of the references related list and then select the **New** button.



2. Fill in the **New Reference** record form fields with the information known about the Reference. When the form is completed, click the **Save** button or the **Save & New** button to continue creating References.



New Reference

Information

First Name: John

Last Name: Doe

Phone Number: 7811234567

Email: sf+john@doemacpcs@arbola-inc.com

Expertize: E-001033

Attorney with Above Firm: Search Contacts...

System Information

Created By: Last Modified By:

Buttons: Cancel, Save & New, Save

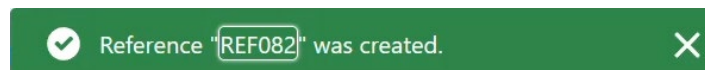
Search Results: Show All Results for "john doe"

+ New Contact

john doe

Begin to Type in Look-up fields to locate the desired records or create a New Contact

3. A **green bar** will display to indicate that the **Reference** has been created.



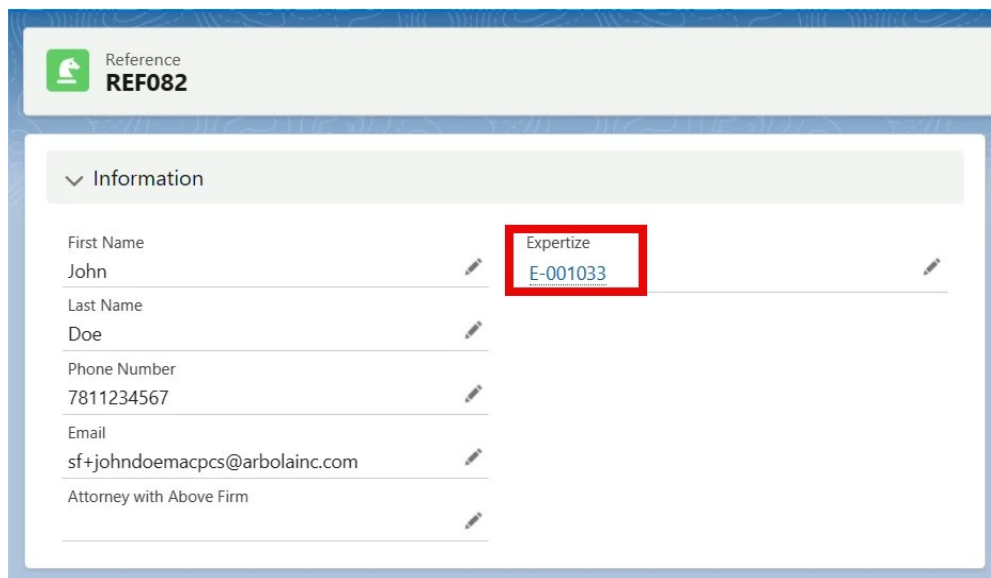
- The new reference will now appear on the **Reference related list**. Select the [View All](#) to see all the references in a **list view**.



- To view the details of the **Reference**, click the [link](#) in the related list. The detail screen will display and the fields can be edited.



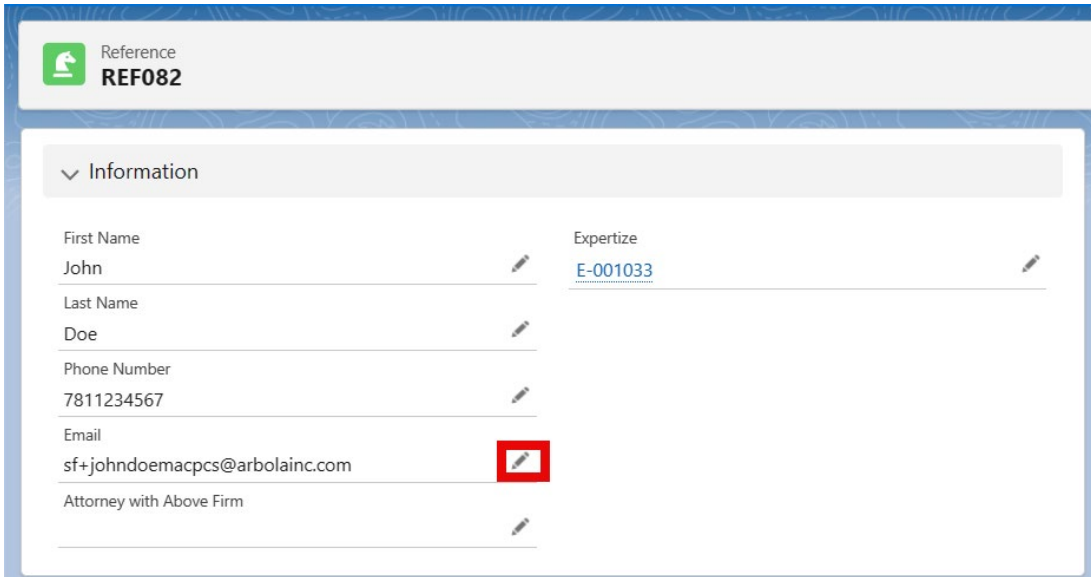
- To return to the **Expertise** record, click the [Expertise number link](#).



Reference REF082	
Information	
First Name	John
Last Name	Doe
Phone Number	7811234567
Email	sf+johndoemacpcs@arbolainc.com
Attorney with Above Firm	
Expertize	E-001033

Edit a Reference

1. Click a **pencil icon** on the reference detail screen.

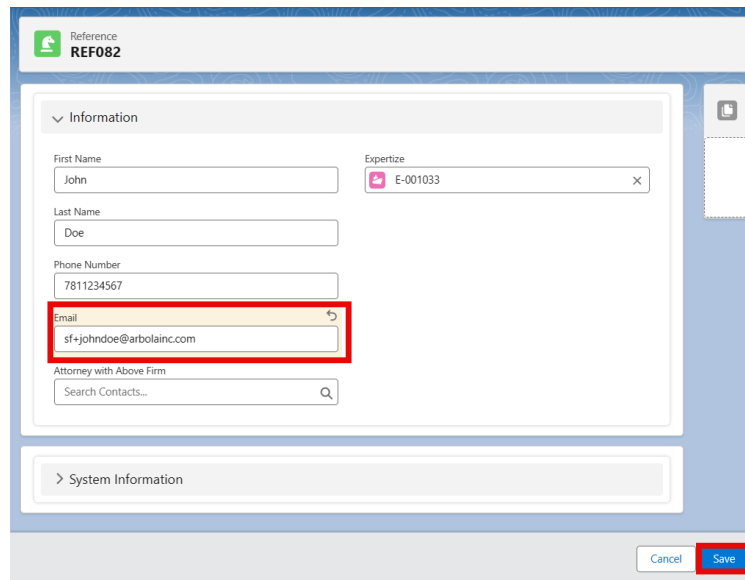


Reference
REF082

Information

First Name	John	Expertize	E-001033
Last Name	Doe		
Phone Number	7811234567		
Email	sf+johndoe@arbolainc.com		
Attorney with Above Firm			

2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Reference
REF082

Information

First Name	John	Expertize	E-001033
Last Name	Doe		
Phone Number	7811234567		
Email	sf+johndoe@arbolainc.com		
Attorney with Above Firm	Search Contacts...		

> System Information

Cancel Save

Agencies (Expertise - Agency Direct Services)

Agency records are created from the online application or can be manually entered by CPCS.

1. With the **Expertise** displaying, click the **down arrow** on the right side of the agencies related list and then select the **New** button.



2. Fill in the **New Agency** record form fields with the information known about the Reference. When the form is completed, click the **Save** button or the **Save & New** button to continue creating References.

New Agency

Information

Agency

Attorney General's Office

Point Of Contact

Jane Doe

Expertise

E-001033

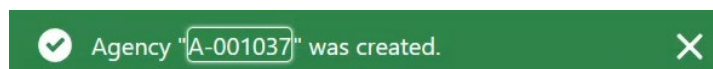
System Information

Created By

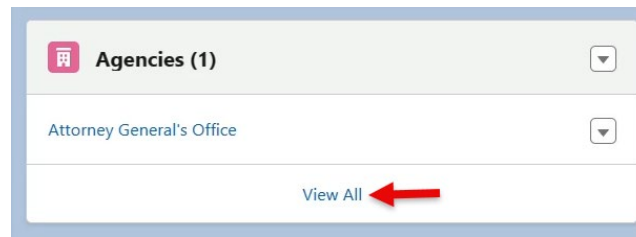
Last Modified By

Cancel **Save & New** Save

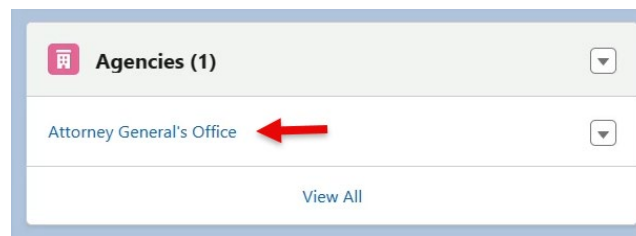
3. A **green bar** will display to indicate that the **Agency** has been created.



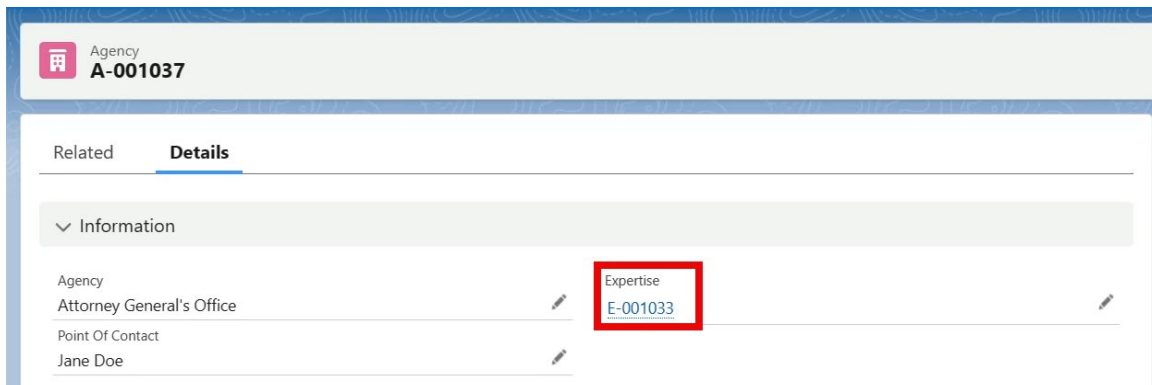
- The new agency will now appear on the **Reference related list**. Select the [View All](#) to see all the references in a **list view**.



- To view the details of the **Reference**, click the [link](#) in the related list. The detail screen will display and the fields can be edited.

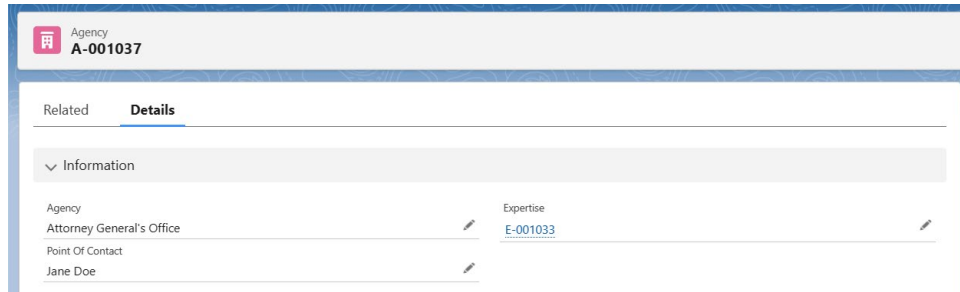


- To return to the **Expertise** record, click the [Expertise number link](#).

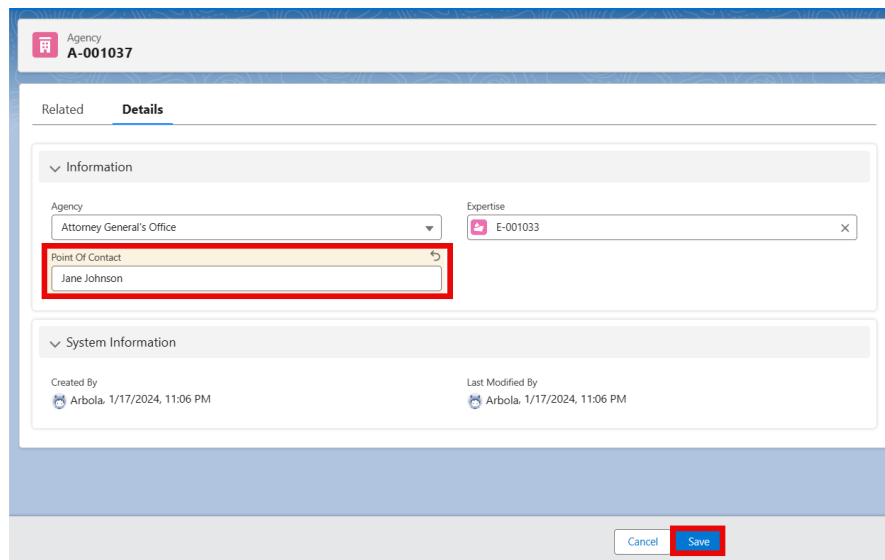


Edit an Agency

1. Click a **pencil icon** on the agency detail screen.



2. Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Expertise History (Expertise)

Expertise History is located below the **Additional Questions** section and above the **System Information** Section. The system tracks certain fields for any changes and displays **Date/Time**, **Field**, **User**, **Original Value**, and **New Value** will be listed. Select the **View All** to see all line items. This is the audit trail for many of the changes that occur in the Expertise record.

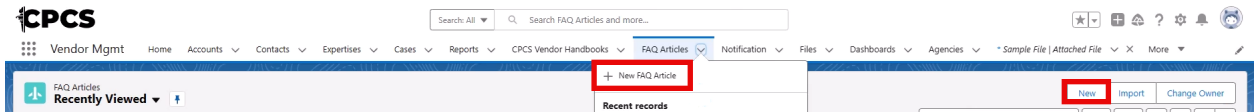
NOTE: Only specific fields selected are tracked.

Expertise History (2)				
Date	Field	User	Original Value	New Value
1/14/2024, 9:01 AM	Status	Arbola		In Progress
1/8/2024, 9:02 PM	Created.	Arbola		
View All 				

FAQ Articles

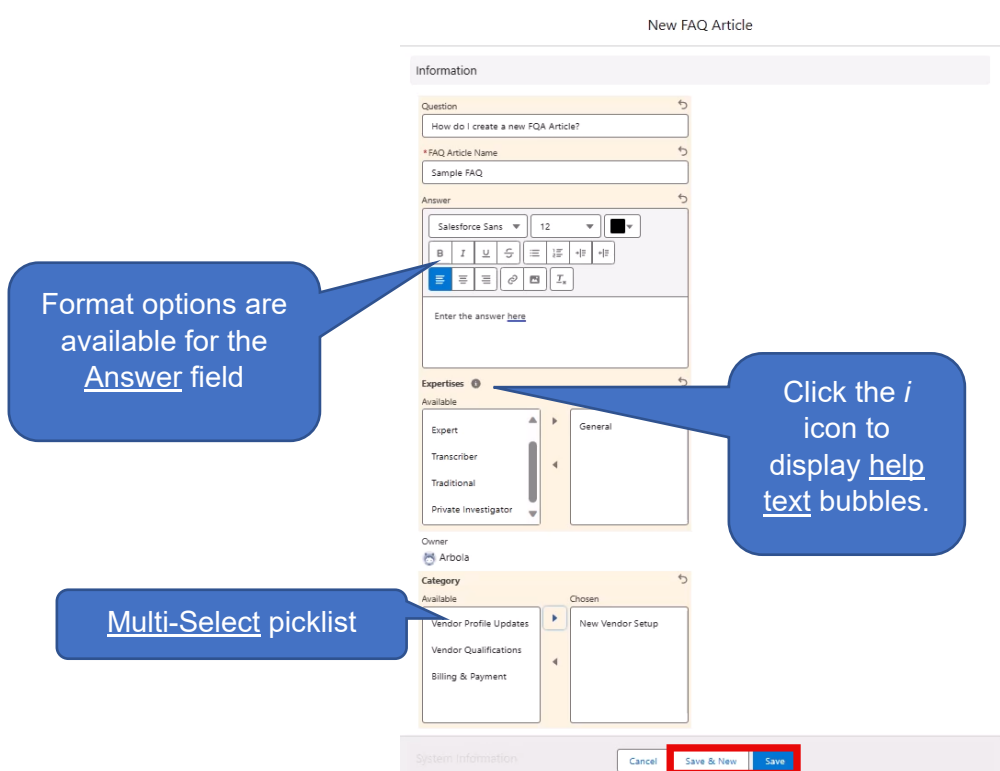
FAQ Articles display on the portal. Articles are organized by Expertise and Category.

1. Click the action arrow by the **FAQ Articles** tab and select **New FAQ Article** or, when viewing the **FAQ Articles** tab, click the **New** button in the upper right corner. The **New FAQ Article** screen will display.



2. Fill in the **New FAQ Article** record form fields with the information known about the FAQ Article. When the form is completed, click the **Save** button or the **Save & New** button to continue creating FAQ Articles.

NOTE: The **FAQ Article Name** field is required as indicated by the **red** asterisk. Other information can be added later if desired.

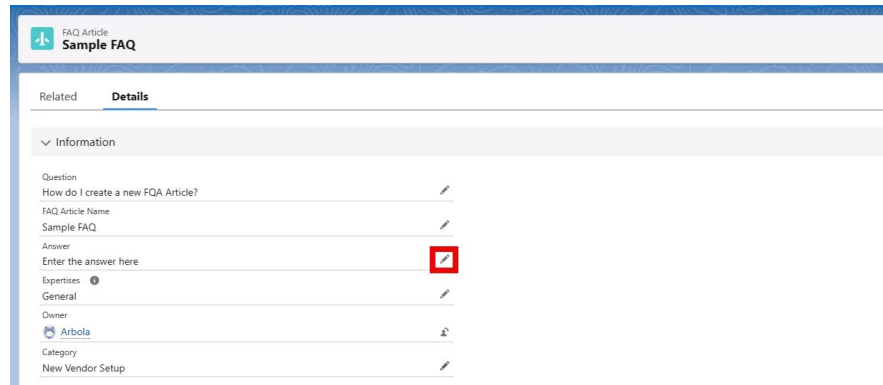


The screenshot shows the 'New FAQ Article' form. It includes fields for Question, FAQ Article Name (marked with a red asterisk), Answer, Expertises, and Category. Annotations highlight specific features: 'Format options are available for the Answer field' points to the rich text editor; 'Click the i icon to display help text bubbles.' points to the 'i' icon in the Expertises section; and 'Multi-Select picklist' points to the Category section.

3. A **green bar** will display to indicate that the **FAQ Article** has been created.



- To edit a field, click a **pencil icon** on the **FAQ Article** detail screen.



FAQ Article
Sample FAQ

Related Details

Information

Question
How do I create a new FAQ Article?

FAQ Article Name
Sample FAQ

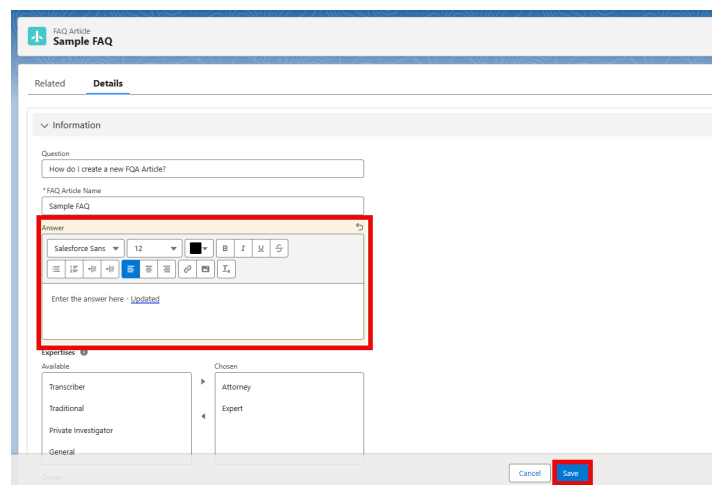
Answer
Enter the answer here

Expertises
General

Owner
Arbola

Category
New Vendor Setup

- Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



FAQ Article
Sample FAQ

Related Details

Information

Question
How do I create a new FAQ Article?

*FAQ Article Name
Sample FAQ

Answer
Enter the answer here - Updated

Expertises
Available: Transcriber, Traditional, Private Investigator, General
Chosen: Attorney, Expert

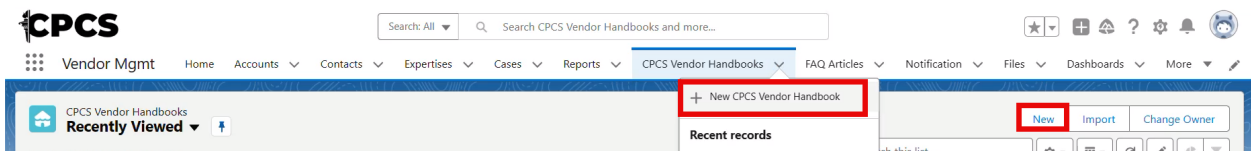
Cancel Save

CPCS Vendor Handbooks

CPCS can upload handbooks for the portal users.

Create a CPCS Vendor Handbooks Record

1. Click the action arrow by the **CPCS Vendor Handbook** tab and select **New CPCS Vendor Handbook** or, when viewing the **CPCS Vendor Handbook** tab, click the **New** button in the upper right corner. The **New CPCS Vendor Handbook** screen will display.



2. Fill in the **New CPCS Vendor Handbook** record form fields with the information known about the CPCS Vendor handbook. When the form is completed, click the **Save** button or the **Save & New** button to continue creating CPCS Vendor Handbooks.

NOTE: The **CPCS Vendor Handbook Name** and **Visible For** fields are required as indicated by the **red** asterisk. Other information can be added later if desired.

New CPCS Vendor Handbook

* = Required Information

Information

* CPCS Vendor Handbooks Name

Sample Vendor Handbook

Owner

Arbola

Visible for

Available

Transcriber

Traditional

Private Investigator

General

Chosen

Attorney

Expert

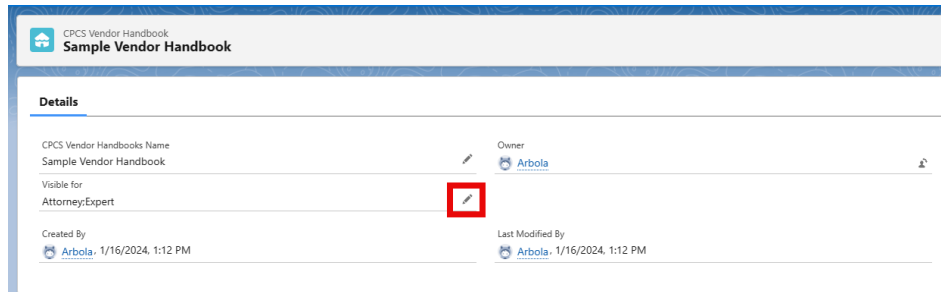
Multi-Select picklist
Selected options will have access to the handbook on the portal

Cancel Save & New Save

3. A **green bar** will display to indicate that the **CPCS Vendor Handbook** has been created.



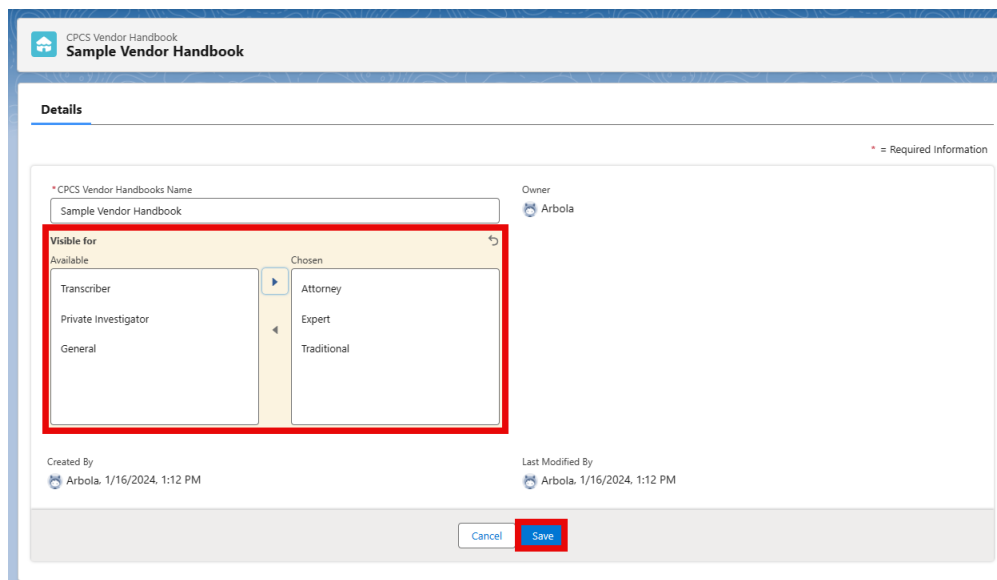
- To edit a field, click a **pencil icon** on the **CPCS Vendor Handbooks** detail screen.



The screenshot shows the 'CPCS Vendor Handbook' detail screen. The 'Visible for' field is set to 'Attorney:Expert'. A red box highlights the pencil icon next to this field, indicating it can be edited.

- Enter the necessary data change **and** click the **Save** button on the bottom of your screen.

NOTE: Any Vendors listed in the Chosen column will have access to the CPCS Vendor Handbook via the portal.



The screenshot shows the 'CPCS Vendor Handbook' detail screen. The 'Visible for' field is highlighted with a red box. It contains two columns: 'Available' (Transcriber, Private Investigator, General) and 'Chosen' (Attorney, Expert, Traditional). The 'Save' button at the bottom right is also highlighted with a red box.

Attached Files (Related List)

Create an Attached File

1. With the **CPCS Vendor Handbook** record displaying, click the **down arrow** on the right side of the Attached Files related list and then select the **New** button.



2. Fill in the **New Attached File** record form fields with the information known about the Business Address. When the form is completed, click the **Save** button or the **Save & New** button to continue creating Business Addresses.

New Attached File

Information	
Attached File Name Sample Vendor Handbook	Expiration Date
File Type --None--	
Related	
Expertise 	Experience
Case 	FAQ Article
Inquiry Message 	Handbook Sample Vendor Handbook
License 	Contact
System Information	
Created By	Last Modified By
Cancel Save & New Save	

Red Asterisk indicates field is required

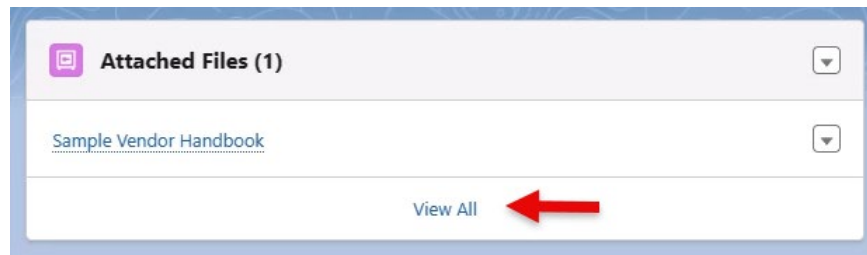
Begin typing text in Look-up fields to locate the desired record

Use the calendar to select a date or type the date in the fields.

3. A **green bar** will display to indicate that the **Attached File** record has been created.

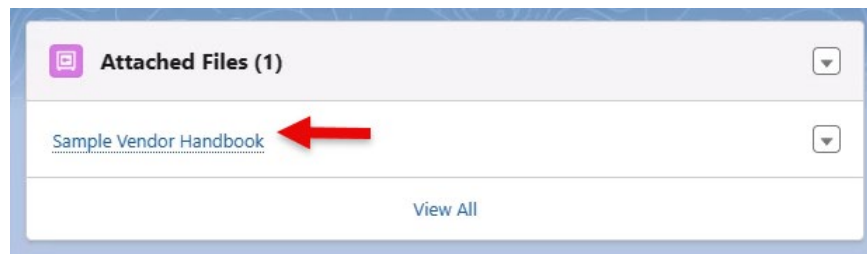


- The new experience will now appear on the **Attached Files related list**. Select the **View All** to see all the attached files records in a **list view**.

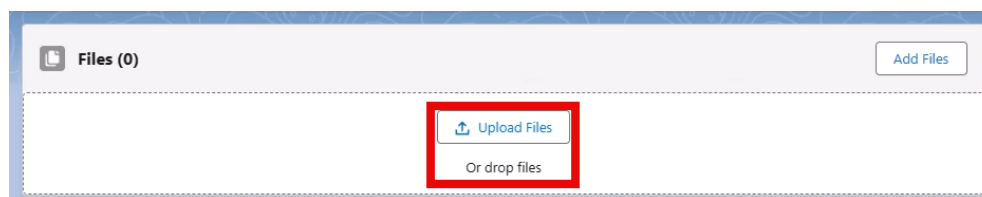


Attach a File

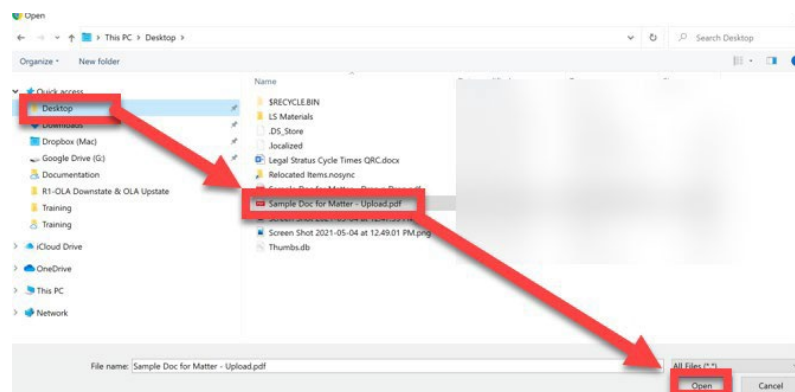
- To view the details of the **Attached File**, click the **link** in the related list. The detail screen will display and the file can be attached.



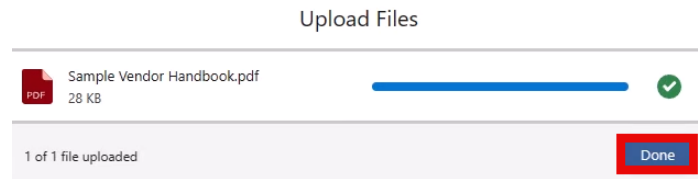
- The **attached file** record will display. On the right side of the screen, the **files** related list will display. Click the **Upload Files** button to select a document or **drop** the file in the related list.



- Navigate to the file's location, **Select the file**, and then click the **Open** button.



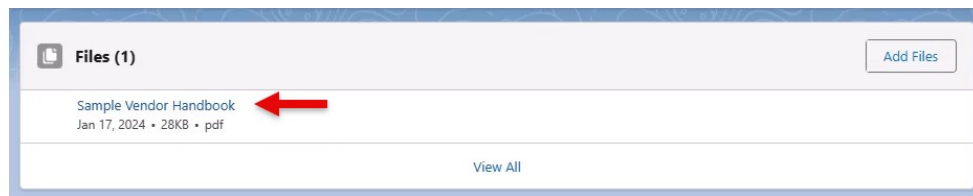
- Click the **Done** button on the **Upload Files** dialogue box.



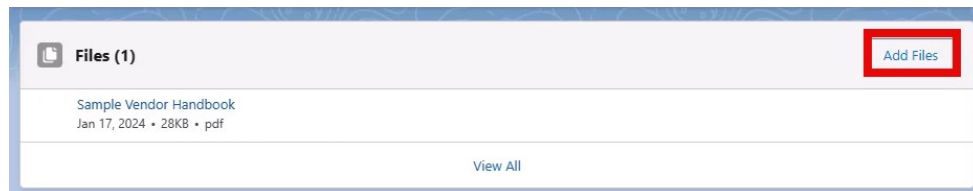
- A **green bar** will display to indicate that the **File** was added to the **Attached File** record has been created.



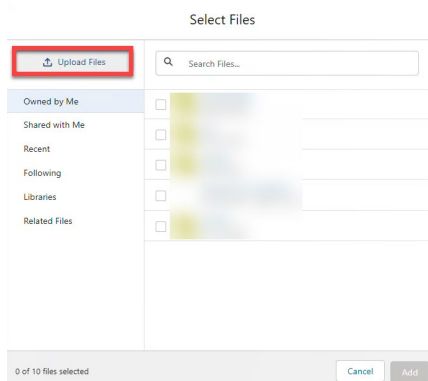
- The uploaded file will now display on the **Files** related list.



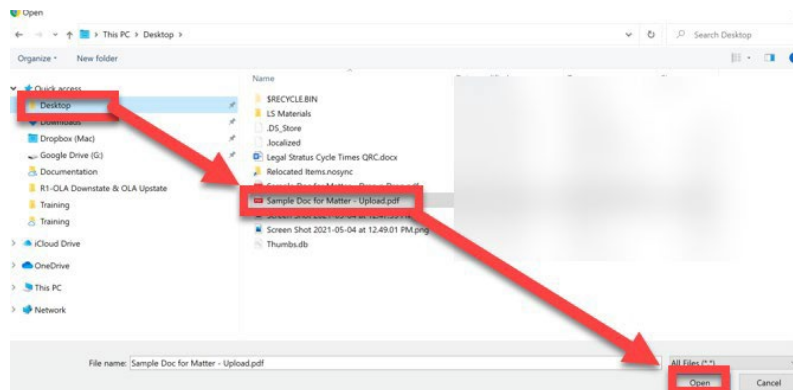
- To add additional files, click the **Add files** button.



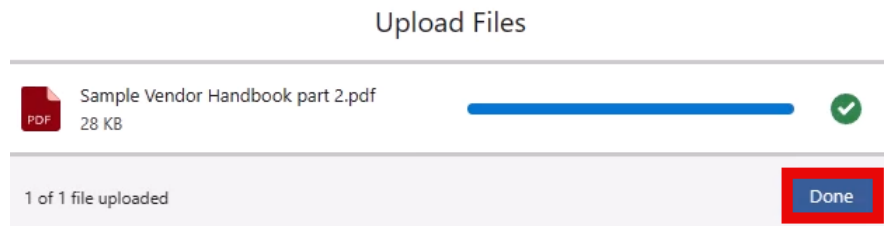
- To upload a document from your computer, click the **Upload Files** button on the **Select Files** dialogue box.



9. Navigate to the file's location, **Select the file**, and then click the **Open** button.



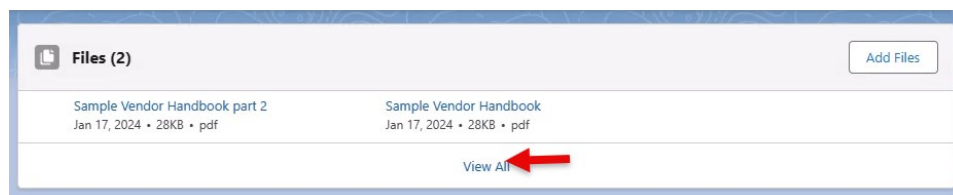
10. Click the **Done** button on the **Upload Files** dialogue box.



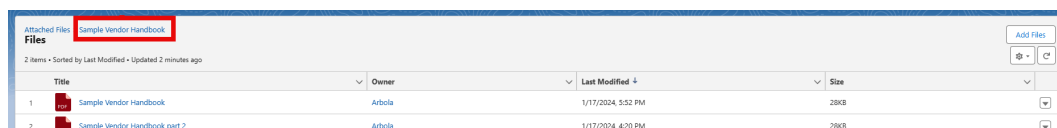
11. A **green bar** will display to indicate that the **File** was added to the **Attached File** record has been created.



12. All of the uploaded files will now display on the **Files** related list. Select the **View All** to see all the files in a **list view**.



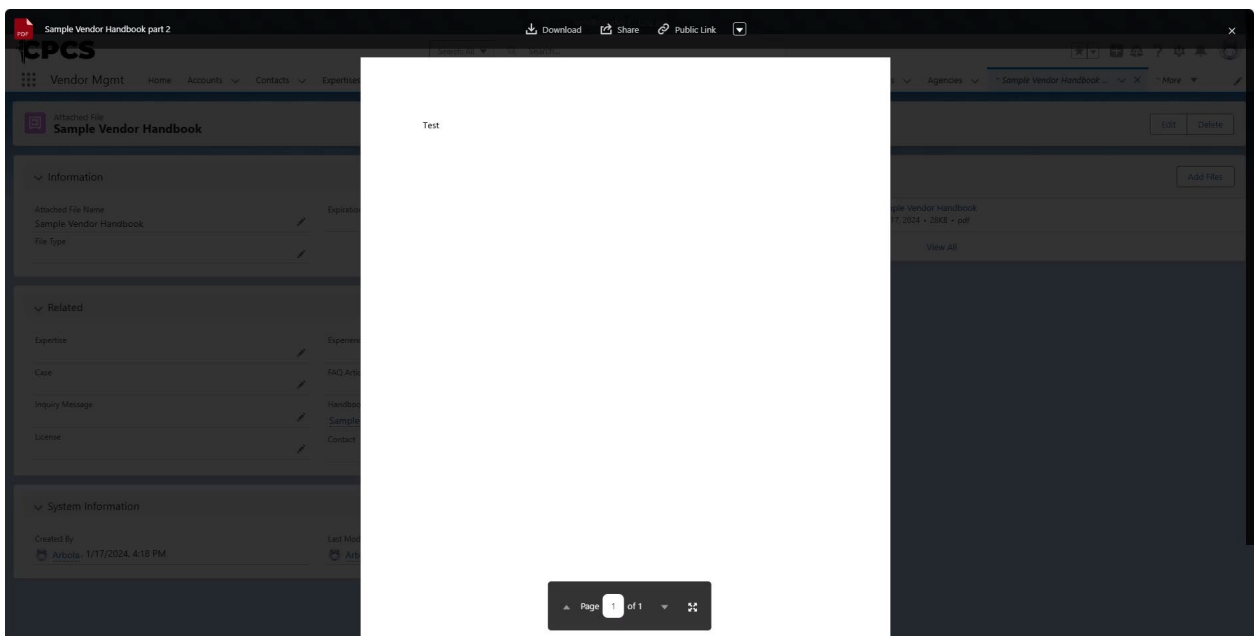
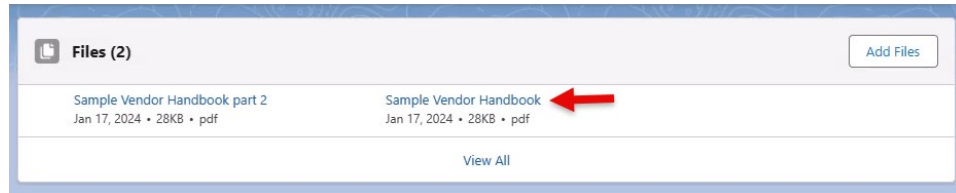
13. To return to the **Attached Files** record, click the Attached Files **link**.



View a File

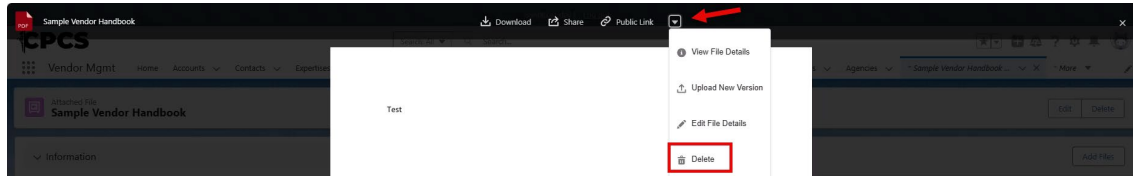
To view a file preview, click the **File Name link**. The document will display a preview.

NOTE: A file can be downloaded to your computer if needed. Select the Download button on top center of your screen.



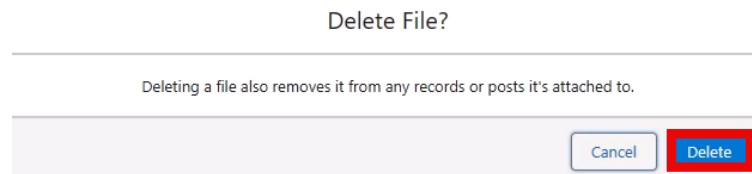
Delete a File

1. With the file preview displaying, click the **down arrow** on the top center of the screen and then select the **Delete** button.



2. The system will confirm the file should be deleted, click **Delete** to proceed.

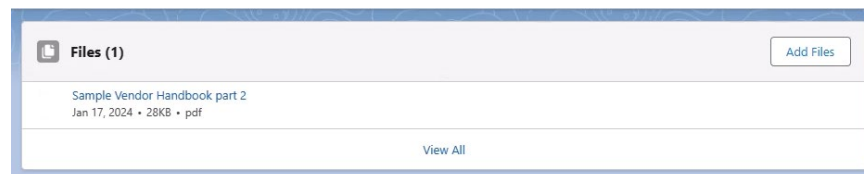
NOTE: Deleting a file also removes it from any records or posts it's attached to.



3. A **green bar** will display to indicate that the **File** has been deleted.

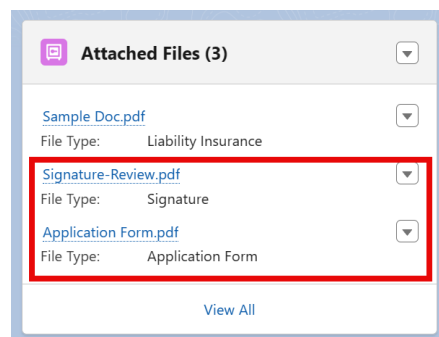


4. The **File** will be removed from the **Files** related list.



Files Attached to an Expertise

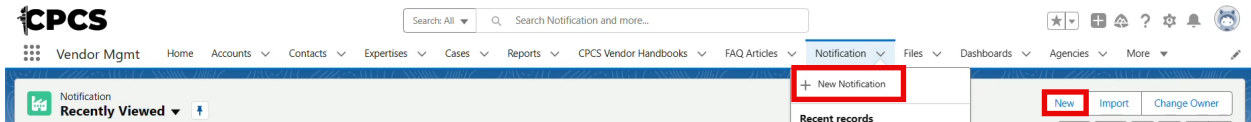
After an application is submitted via the portal, the system will automatically generate the following two documents: **Signature-Review.pdf** and **Application-Form.pdf**



Notifications

Notifications are a way to broadcast a message to a group of users that display on the portal.

1. Click the action arrow by the **Notifications** tab and select **New notifications** or, when viewing the **Notifications** tab, click the **New** button in the upper right corner. The **New Notification** screen will display.



2. Fill in the **New Notification** record form fields with the information known about the Notifications. When the form is completed, click the **Save** button or the **Save & New** button to continue creating Notifications.

NOTE: The **Subject** field is required as indicated by the **red** asterisk. Other information can be added later if desired.

New Notification

Information

* Subject
Sample Notification

Body
Enter information to display on the Dashboard here

Send To

Available

- Attorney
- Expert
- Private Investigator
- Transcriber

Chosen

- All

Published will appear on the portal

Multi-Select picklist
Select the desired groups to receive the Notifications

Click the arrow on picklist field to select the desired value

System Information

Created By

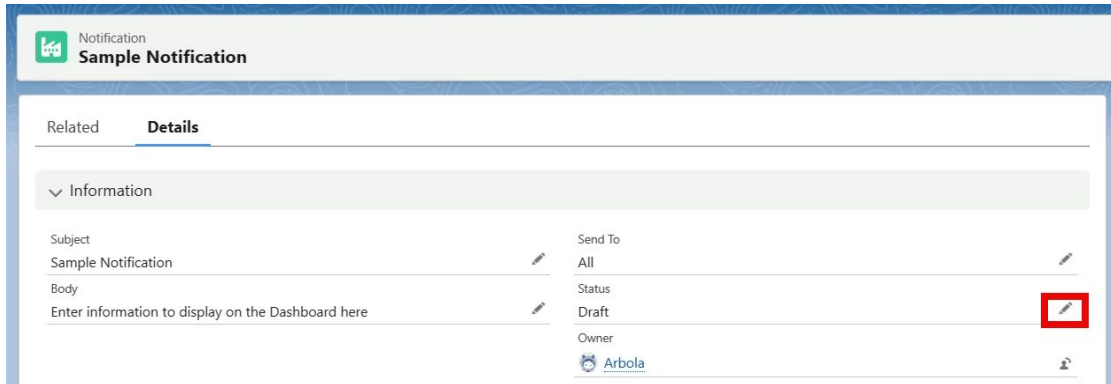
Cancel Save & New Save

3. A **green bar** will display to indicate that the **Notification** has been created.



- To edit a field, click a **pencil icon** on the **Notification** detail screen.

NOTE: The Status field options: Draft, Published, and Cancelled. Published will appear on the portal.



Notification
Sample Notification

Related **Details**

Information

Subject
Sample Notification

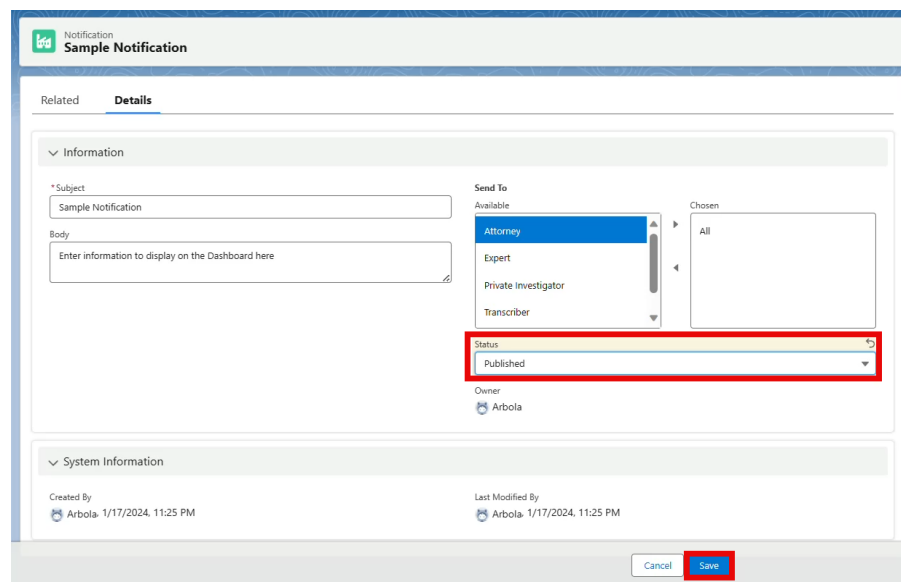
Body
Enter information to display on the Dashboard here

Send To
All

Status
Draft

Owner
Arbola

- Enter the necessary data change **and** click the **Save** button on the bottom of your screen.



Notification
Sample Notification

Related **Details**

Information

* Subject
Sample Notification

Body
Enter information to display on the Dashboard here

Send To
Available: Attorney, Expert, Private Investigator, Transcriber
Chosen: All

Status
Published

Owner
Arbola

System Information

Created By
Arbola 1/17/2024, 11:25 PM

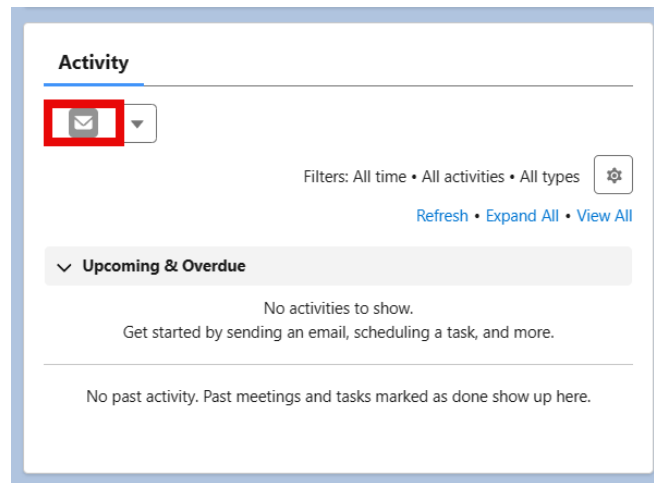
Last Modified By
Arbola 1/17/2024, 11:25 PM

Cancel **Save**

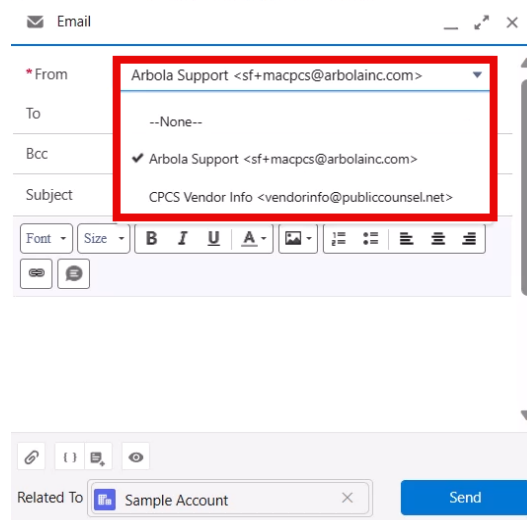
Activity

An email can be sent and logged in the activity timeline. Automated emails sent from the application will display on the Expertise record. Emails will be logged on the record they are sent from.

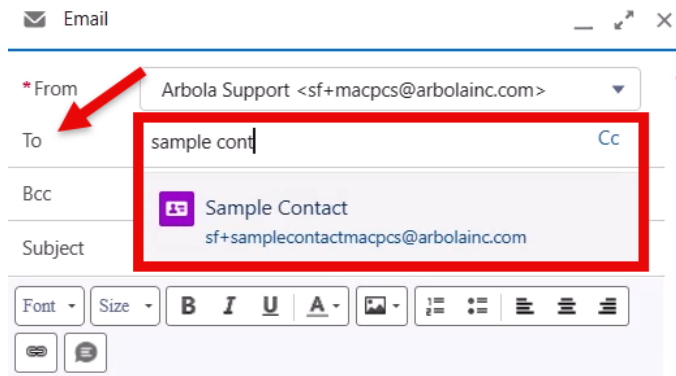
1. Select the **Envelope** icon on the activity tab to display the new email screen.



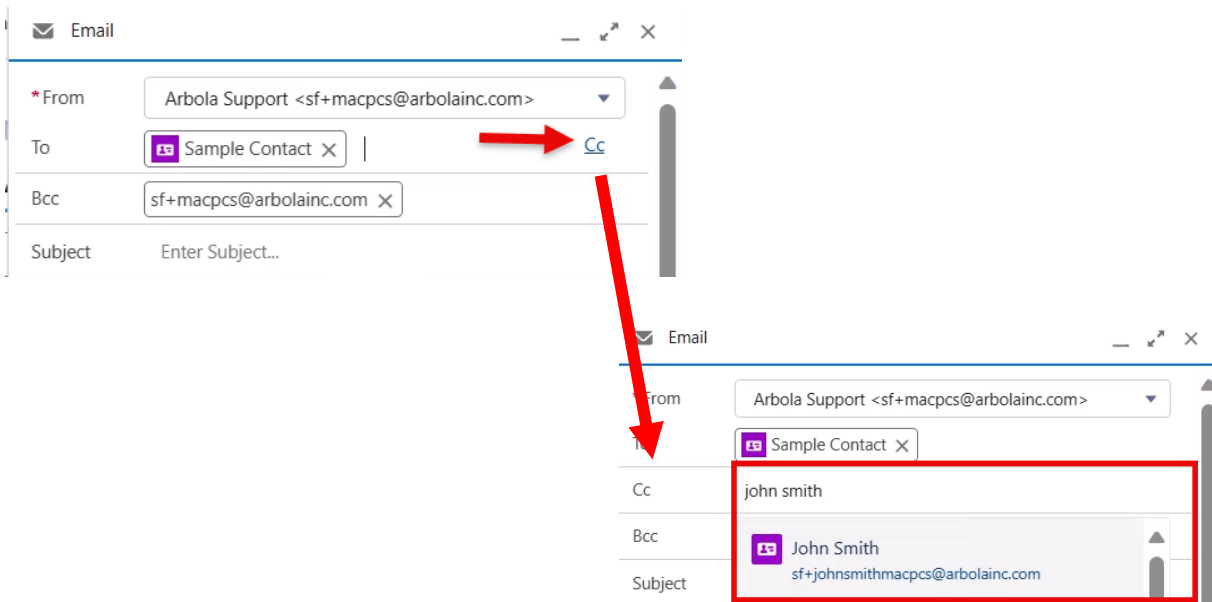
2. Click the drop-down next to **from** and select the correct email address.



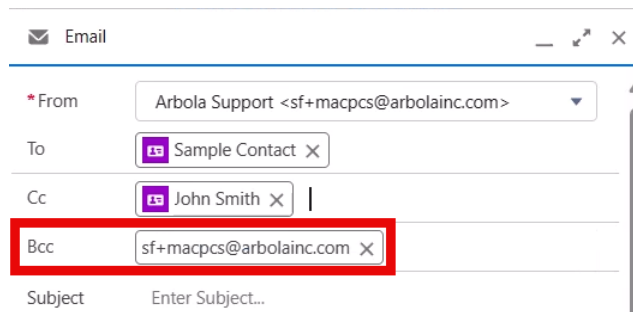
3. Begin typing the **contact name** in the **To** field and select the desired **contact**.



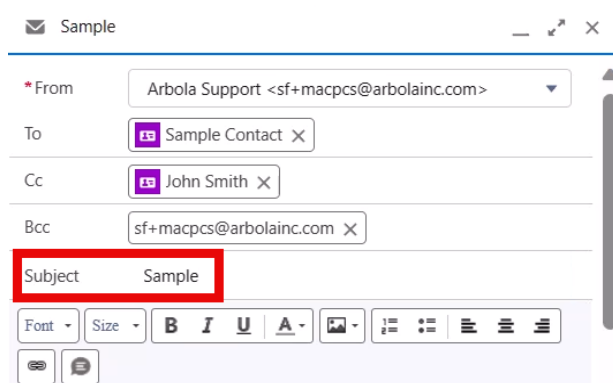
4. To add an email address in the **CC field**, click **Cc**. Begin typing the **contact name** in the **CC field** and select the desired **contact**



5. Confirm **your email address** is in the **BCC field**.



- Click in the **Subject box** and type the desired text.



Sample

* From Arbola Support <sf+macpcs@arbolainc.com>

To Sample Contact X

Cc John Smith X

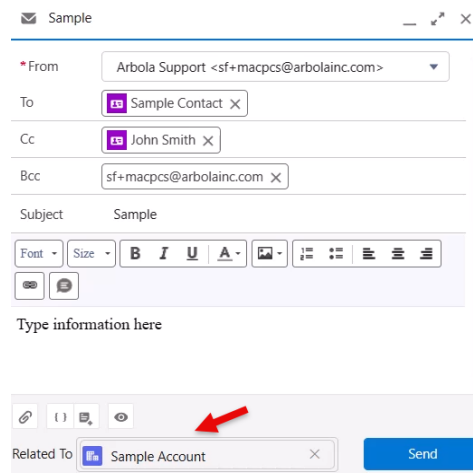
Bcc sf+macpcs@arbolainc.com X

Subject Sample

Font Size B I U A- [Image] [List] [List] [List] [List]

[Link] [Image]

- Confirm the **Related to** field is populated with the record displayed. The message will be logged on the activity panel of this record.



Sample

* From Arbola Support <sf+macpcs@arbolainc.com>

To Sample Contact X

Cc John Smith X

Bcc sf+macpcs@arbolainc.com X

Subject Sample

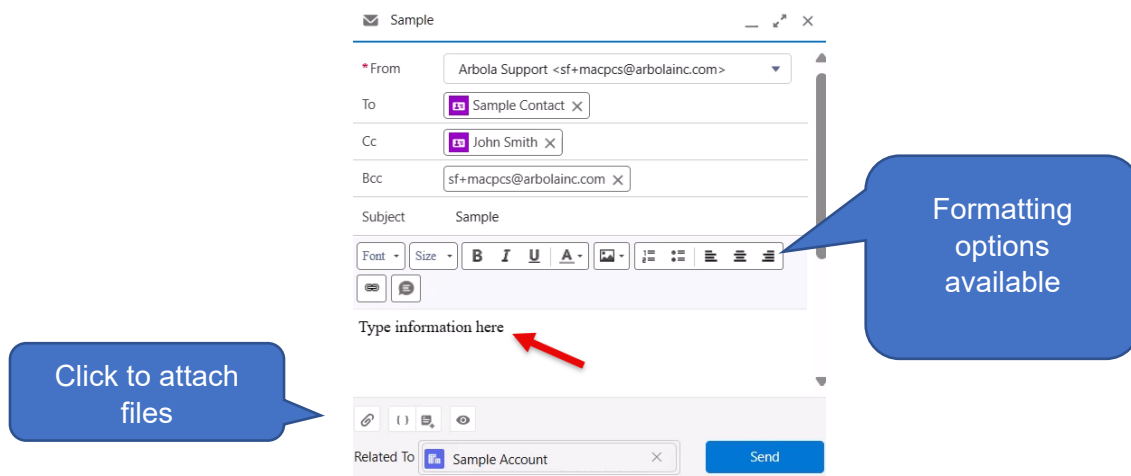
Font Size B I U A- [Image] [List] [List] [List] [List]

[Link] [Image]

Type information here

Related To Sample Account X Send

- Type in the body of the email and apply the format as desired. To **attach files**, click the paperclip icon.



Sample

* From Arbola Support <sf+macpcs@arbolainc.com>

To Sample Contact X

Cc John Smith X

Bcc sf+macpcs@arbolainc.com X

Subject Sample

Font Size B I U A- [Image] [List] [List] [List] [List]

[Link] [Image]

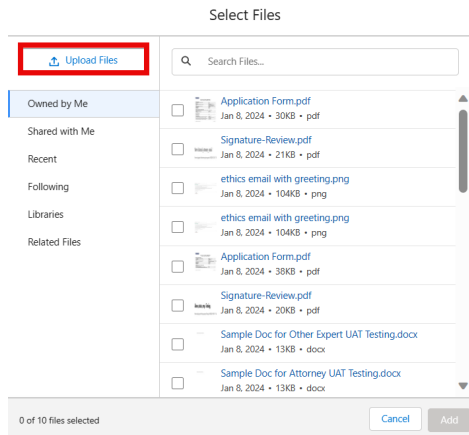
Type information here

Related To Sample Account X Send

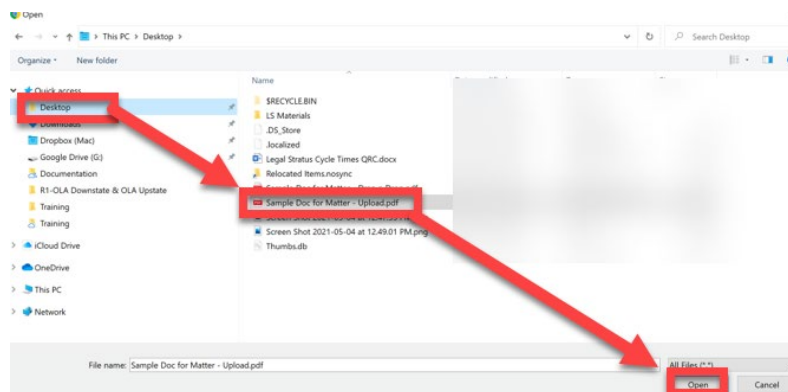
Click to attach files

Formatting options available

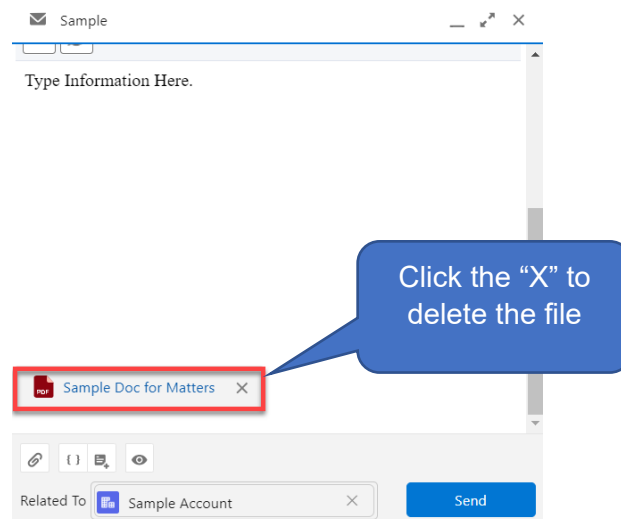
9. the **Upload files** button to select a document from your computer.



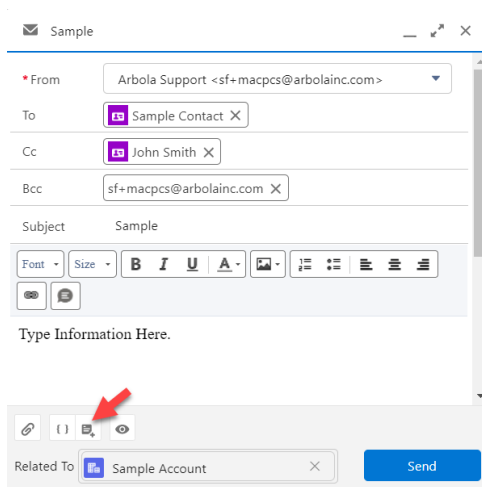
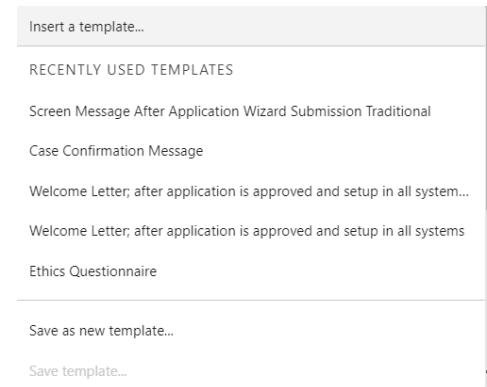
10. Navigate to the file's location, **Select the file**, and then click the **Open** button.



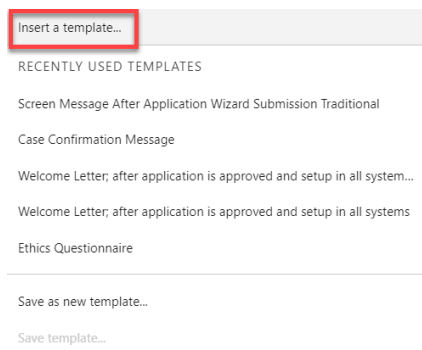
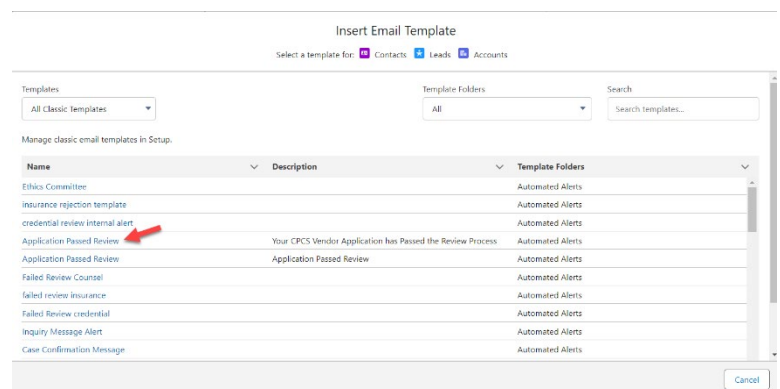
11. The attached file will display below the text box.



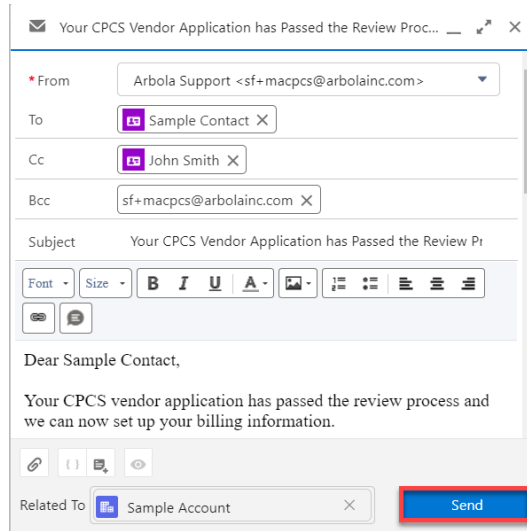
12. To insert a template to the email, click on the **add template** button. Select from a recently used template, insert a new template, or save the current email as a template.

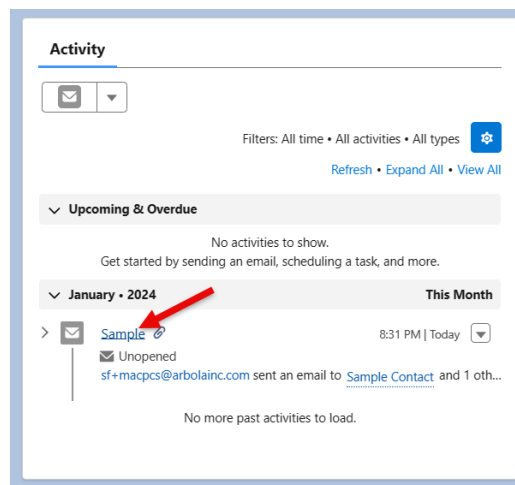
13. To use an existing template, select **Insert Template** and then select from the list of available templates. Click on the template name to insert it in the email.

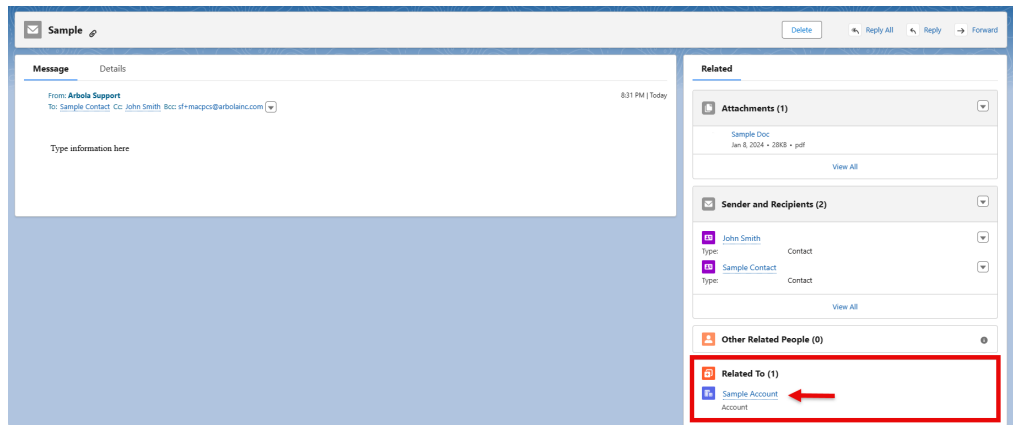
14. When the email is completed, click the **SEND** button.



15. The email will be displayed in the **Activity Panel**. Click the **link** to access the details screen of the email.



16. To return to the **Activity Panel**, click the **Related to** link.



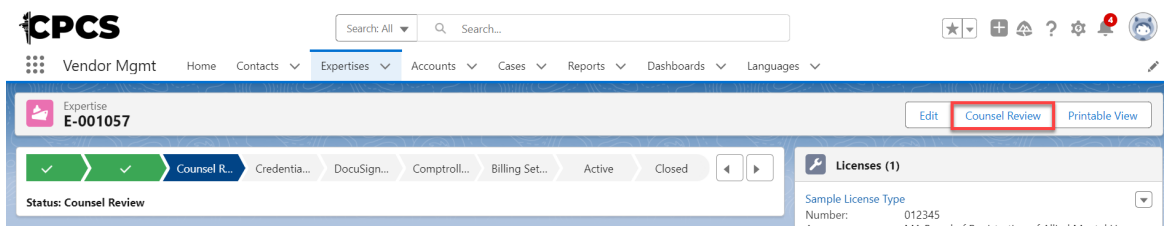
Review Buttons

Buttons are available for certain users to complete their part in the process and change the status of an application after review.

Counsel Review

This button is available on the expertise object. The user record role and profile must be Counsel Reviewer to have this available.

1. With the **Expertise** displaying, click the **Counsel Review** button.



2. The **Counsel Review** form will be displayed.

NOTE: The **Counsel Review Passed** field is required as indicated by the **red** asterisk.

If No is selected for Counsel Review Passed, a reason must be selected in Counsel Review Rejection Reason.

Counsel Review

* Counsel Review Passed

--None--

Counsel Review Rejection Reason

--None--

Additional Rejection Notes to Vendor

Cancel Save

If Yes is selected for Counsel Review Passed, a reason can't be selected in Counsel Review Rejection Reason.

✓ --None--

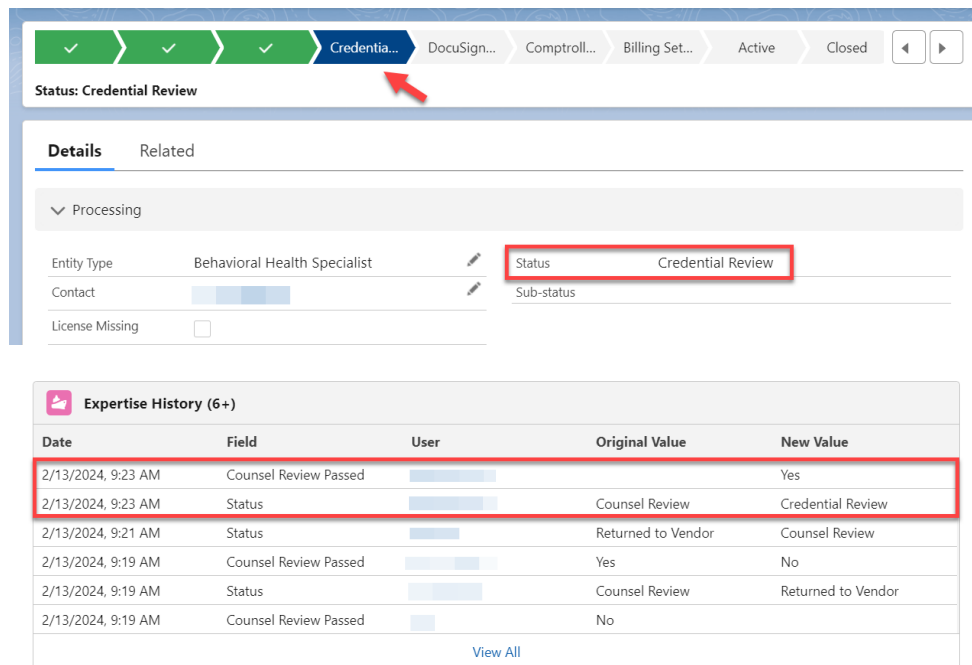
Other.

Rejection notes will be included in the email to the vendor.

3. A **green bar** will display to indicate that the Counsel Review has been updated.



4. The Status will update to “**Credential Review**” and the answer will display in the **Expertise History**.



The screenshot shows a user interface with a top navigation bar containing several status indicators: a green bar with a checkmark, followed by 'Credentia...', 'DocuSign...', 'Comptroll...', 'Billing Set...', 'Active', and 'Closed'. A red arrow points to the 'Credentia...' indicator. Below the navigation bar, the status is set to 'Credential Review'. The main content area is divided into 'Details' and 'Related' sections. Under 'Details', there is a 'Processing' section with fields for 'Entity Type' (Behavioral Health Specialist), 'Contact', and 'License Missing'. The 'Status' field is highlighted with a red box and contains the text 'Credential Review'. Below this, there is an 'Expertise History (6+)' section with a table showing the history of status changes.

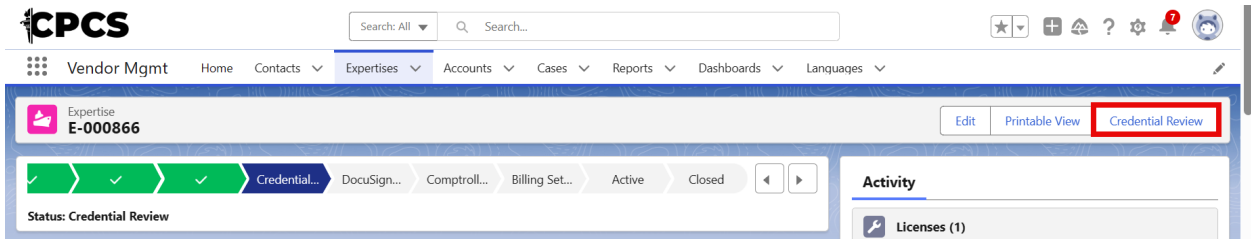
Date	Field	User	Original Value	New Value
2/13/2024, 9:23 AM	Counsel Review Passed			Yes
2/13/2024, 9:23 AM	Status		Counsel Review	Credential Review
2/13/2024, 9:21 AM	Status		Returned to Vendor	Counsel Review
2/13/2024, 9:19 AM	Counsel Review Passed		Yes	No
2/13/2024, 9:19 AM	Status		Counsel Review	Returned to Vendor
2/13/2024, 9:19 AM	Counsel Review Passed		No	

[View All](#)

Credential Review

This button is available on the expertise object. The user record role and profile must be Credential Reviewer to have this available.

1. With the **Expertise** displaying, click the **Credential Review** button.



2. The **Credential Review** form will display.

NOTE: The **Credential Review Passed** field is required as indicated by the **red** asterisk.

If No is selected for Credential Review Passed, a reason must be selected in Credential Review Rejection Reason.

Credential Review

*Credential Review Passed

--None--

Credential Review Rejection Reason

--None--

Rejection Description

Cancel

Save

If Yes is selected for Credential Review Passed, a reason can't be selected in Credential Review Rejection Reason.

✓ --None--

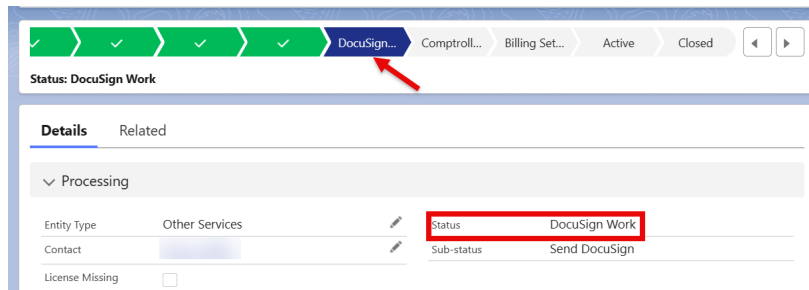
- Expired License
- Incorrect document
- Document is unreadable
- Document not accepted

Rejection reason will be included in the email to the vendor.

3. A **green bar** will display to indicate that the Credential Review has been updated.



4. The Status will update to “**DocuSign Work**” and the answer will display in the **Expertise History**.



The screenshot shows a progress bar at the top with steps: ✓, ✓, ✓, ✓, **DocuSign...** (highlighted with a red arrow), Comptroll..., Billing Set..., Active, and Closed. Below the progress bar, the status is "Status: DocuSign Work". Under the "Details" tab, there is a "Processing" section with a table of fields and values.

Field	Value
Entity Type	Other Services
Contact	
License Missing	☐
Status	DocuSign Work
Sub-status	Send DocuSign

Expertise History (6+)

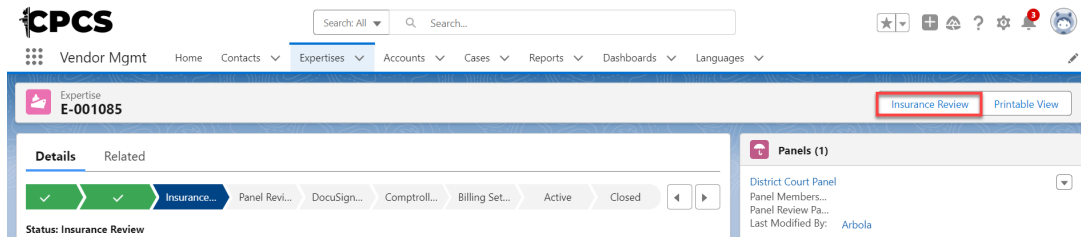
Date	Field	User	Original Value	New Value
1/26/2024, 3:48 PM	Credential Review Passed			Yes
1/26/2024, 3:48 PM	Status		Credential Review	DocuSign Work
1/26/2024, 3:48 PM	Sub-status			Send DocuSign
12/6/2023, 3:03 PM	Status	Liz Malone	Counsel Review	Credential Review
12/4/2023, 2:54 PM	Status	Liz Malone	Application Review	Counsel Review
12/4/2023, 1:52 PM	Status	Liz Malone	Submitted	Application Review

[View All](#)

Insurance Review

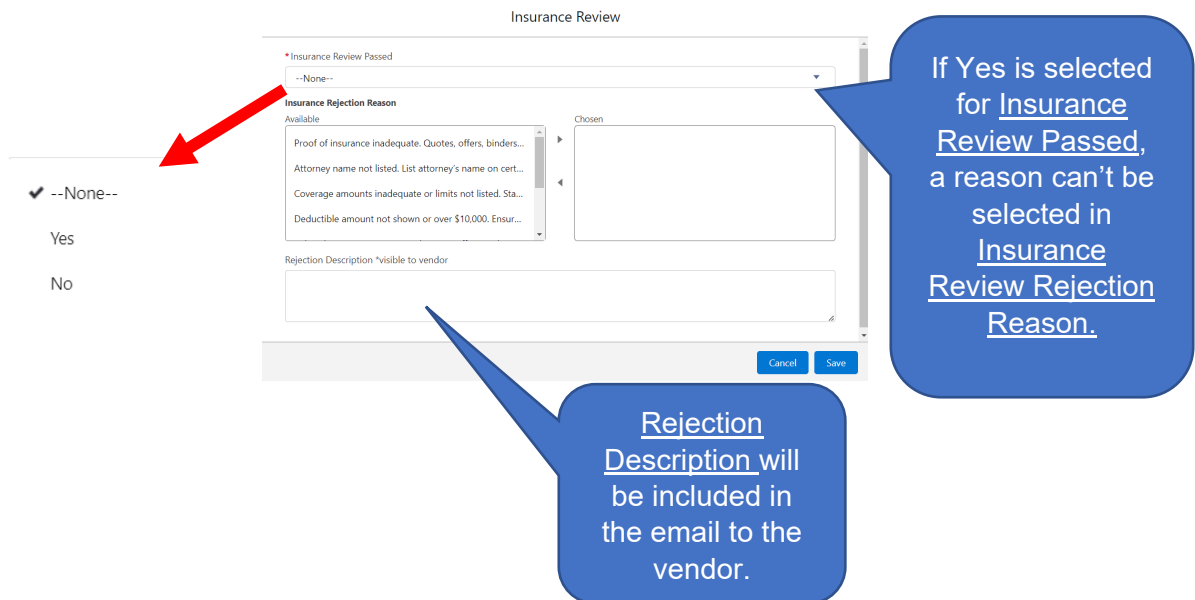
This button is available on the expertise object. The user record role and profile must be **Insurance Review** to have this available.

1. With the **Expertise** displaying, click the **Insurance Review** button.



2. The **Insurance Review** form will display.

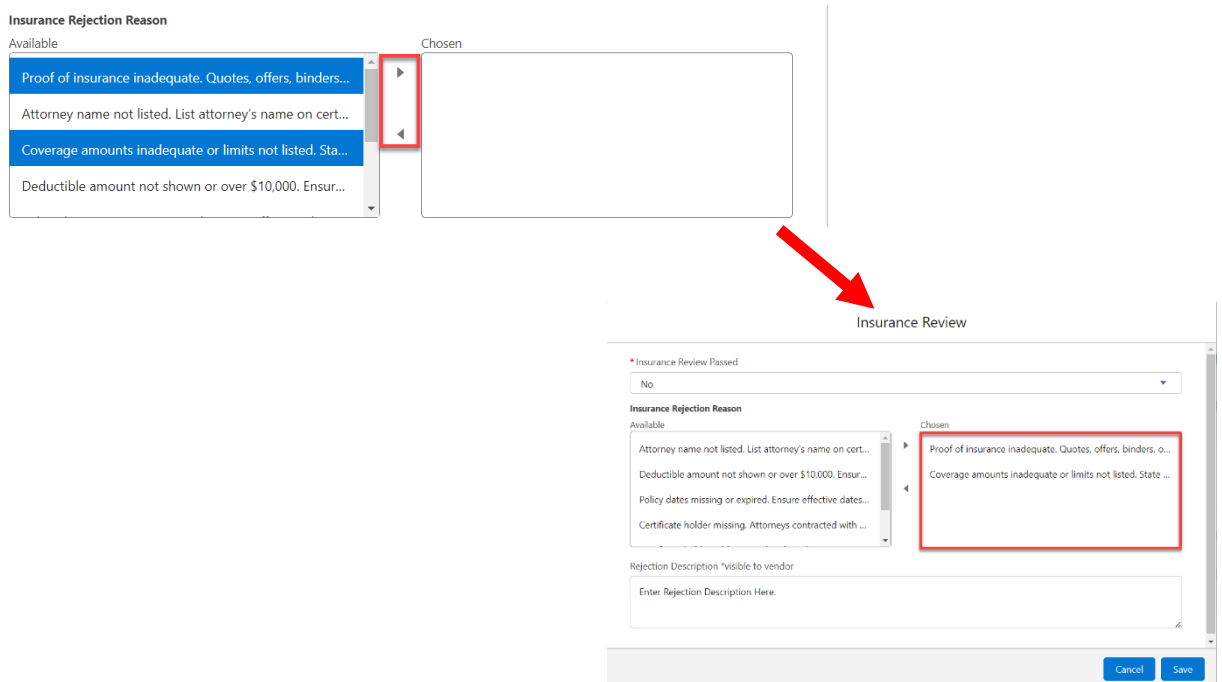
NOTE: The **Insurance Review Passed** field is required as indicated by the **red** asterisk.



The screenshot shows the 'Insurance Review' form. The 'Insurance Review Passed' field is marked with a red asterisk and has a dropdown menu with '--None--' selected. A red arrow points to this field. Below it, the 'Insurance Rejection Reason' section has a list of available reasons: 'Proof of insurance inadequate. Quotes, offers, binders...', 'Attorney name not listed. List attorney's name on cert...', 'Coverage amounts inadequate or limits not listed. Sta...', and 'Deductible amount not shown or over \$10,000. Ensur...'. A 'Chosen' field is next to it. Below the rejection reasons, there's a 'Rejection Description *visible to vendor' text area. At the bottom right, there are 'Cancel' and 'Save' buttons. Two blue callout boxes provide additional information: one says 'If Yes is selected for Insurance Review Passed, a reason can't be selected in Insurance Review Rejection Reason.' and the other says 'Rejection Description will be included in the email to the vendor.'

3. If the **Insurance Review Passed** field selected is "No", an **Insurance Rejection Reason** must be selected from the multi-select picklist.

NOTE: Both the Rejection Reason and Rejection Description are visible to the vendor.



The screenshot shows a multi-step process for selecting a rejection reason. The first part shows a list of available reasons: "Proof of insurance inadequate. Quotes, offers, binders...", "Attorney name not listed. List attorney's name on cert...", "Coverage amounts inadequate or limits not listed. Sta...", and "Deductible amount not shown or over \$10,000. Ensur...". A red box highlights the first option, and a red arrow points to the "Insurance Review" section below. The second part shows the "Insurance Review" section with the "Insurance Review Passed" field set to "No". Below this, the "Insurance Rejection Reason" section shows the same list of reasons, with a red box highlighting the first two options. The "Rejection Description" field is also visible, with a placeholder text "Enter Rejection Description Here." and a "Save" button at the bottom right.

4. A **green bar** will display to indicate that the Insurance Review has been updated.



5. The Status will update to “**Panel Review**” and the answer will display in the **Expertise History**.

Details

Related

✓

✓

✓

Panel Review

DocuSign...

Comptroll...

Billing Set...

Active

Closed

◀

▶

Status: Panel Review

Processing

Entity Type

Attorney

Contact

John Smith

Sub-status

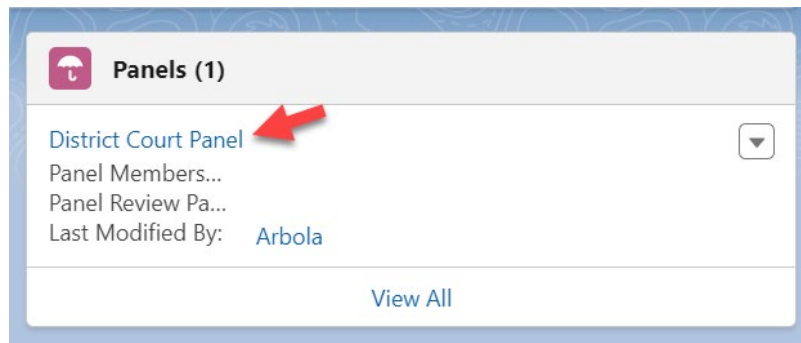
Panel Review

Expertise History (6+)				
Date	Field	User	Original Value	New Value
2/2/2024, 10:57 AM	Insurance Review Passed	Arbola Trainer		Yes
2/2/2024, 10:57 AM	Status	Arbola Trainer	Insurance Review	DocuSign Work
2/2/2024, 10:57 AM	Sub-status	Arbola Trainer		Send DocuSign
2/2/2024, 10:57 AM	Status	Arbola Trainer	DocuSign Work	Panel Review
2/2/2024, 10:57 AM	Sub-status	Arbola Trainer	Send DocuSign	
1/30/2024, 1:50 PM	Status	Arbola		Insurance Review
View All				

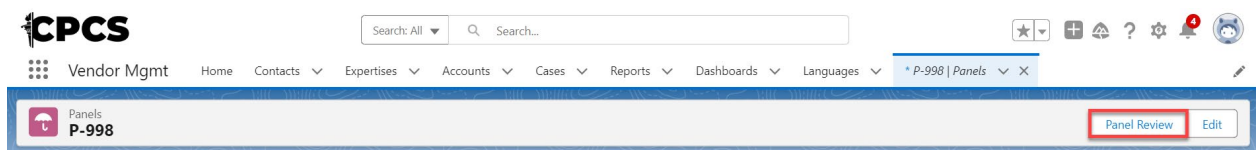
Panel Review

This button is available on the expertise object. The user record role and profile must be **Panel Reviewer** to have this available.

1. With the **Expertise** displaying, click on the **Panel** in the **Panel Related List**.



2. After Reviewing the Panel, click on the **Panel Review** button.



3. The Panel Review form will be displayed.

If No is selected for Panel Review Passed, a reason must be selected in Rejection Reason.

Panel Review

Panel Review Passed

--None--

Rejection Reason

--None--

Additional Rejection Notes to Vendor

Cancel

Save

If Yes is selected for Panel Review Passed, a reason can't be selected in Rejection Reason.

✓ --None--

Training not complete

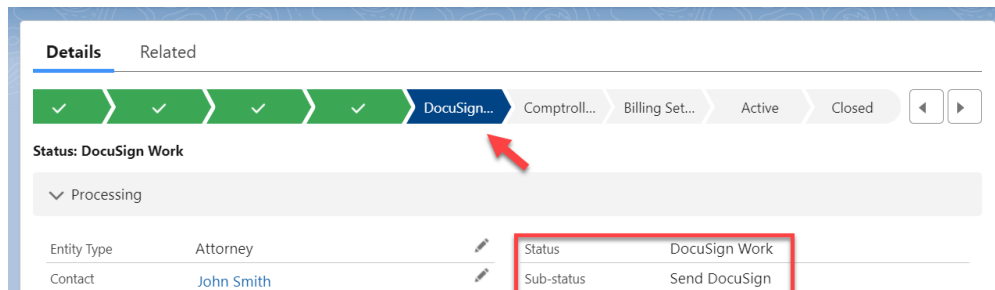
Other

Rejection notes will be included in the email to the vendor.

4. A **green bar** will display to indicate that the Counsel Review has been updated.



5. The Status will update to "DocuSign Work" and the answer will display in the **Expertise History**.



Expertise History (6+)				
Date	Field	User	Original Value	New Value
2/20/2024, 9:56 AM	Status		Panel Review	DocuSign Work
2/20/2024, 9:56 AM	Sub-status			Send DocuSign
2/2/2024, 10:57 AM	Insurance Review Passed			Yes
2/2/2024, 10:57 AM	Status		Insurance Review	DocuSign Work
2/2/2024, 10:57 AM	Sub-status			Send DocuSign
2/2/2024, 10:57 AM	Status		DocuSign Work	Panel Review

Email Notifications

Application Submitted

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info
Sent: Thursday, January 18, 2024 1:05 PM
To: Liz Malone-O'Hara <mmalone-ohara@publiccounsel.net>
Subject: Sandbox: Application Submitted: CPCS NewAttorney

Hello Vendor Maintenance Team,

A vendor application has been submitted/resubmitted to CPCS and is ready for review. Please move this application to Application Review status. The application for CPCS NewAttorney can be accessed by clicking on the link below:

<https://cpcs-dev.sandbox.my.salesforce.com/a0F3R000000r3FbUAJ>

Thank you.

Sandbox: CPCS Vendor Application Received! inbox x



CPCS Vendor Info vendorinfo@publiccounsel.net via akcrj4ny8lrdotz1.axyebadjoyzbwfv.66f2a.3r-8f0huua.cs132.bnc.sandbox.salesforce.com
to agile.steve.smith+cpsnewattorney@gmail.com

Thu, Jan 18, 1:02 PM (1 day ago)



Dear CPCS NewAttorney,

Thanks for completing the initial part of the CPCS vendor application process. We have successfully received your application and will begin our review process.

The application review process typically takes 4 weeks. Members of our team will review your application information and supporting documents. If we identify any issues, we will ask you to update your application so that we may continue our review.

Once your application is approved, we will proceed with setting up your billing information via DocuSign. We will send you more information about DocuSign later in the review process.

You may use the Vendor Portal to submit any questions to us, and to check the status of your application.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/>)

Thank you for applying to be a vendor for the Commonwealth of Massachusetts.

CPCS Vendor Maintenance Team

Insurance Review Request

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info

Sent: Thursday, January 18, 2024 1:10 PM

To: Jorge Aviles <javiles@publiccounsel.net>; Bill Shay <wshay@publiccounsel.net>; Denise Torracco <dtorraco@publiccounsel.net>; George Earley <gearley@publiccounsel.net>

Subject: Sandbox: Insurance Review Request: CPCS NewAttorney

Hello Insurance Review,

There is an attorney liability insurance pending your approval. Please review the information submitted by following the link below:

<https://cpcs-dev.sandbox.my.salesforce.com/a0F3R000000r3FbUAJ>

- Attorney: CPCS NewAttorney

- BBO #: 599715

- Insurance Exp Date: January 31, 2024

- Panel(s): [District Court Panel]

Please let us know if you have any questions or if you need any additional information.

Thank you,

CPCS Vendor Maintenance Team

Counsel Review Rejection

Sandbox: There is an Issue with your CPCS Vendor Application Inbox x

CPCS Vendor Info vendorinfo@publiccounsel.net via czqfddasy5coqhd.oguasvut25bcg3gl.okbyz.3r-8f0huua.cs132.bnc.sandbox.salesforce.com to agile.steve.smith+cpcsnwattorney@gmail.com ▼

Dear CPCS NewAttorney,

We have encountered an issue with your CPCS vendor application. Your application did not pass our insurance review process for the following reason(s):

- Coverage amounts inadequate or limits not listed. State coverage amounts and list limits (per claim and aggregate).
- Please re-submit with adequate insurance coverage.

Please visit the Vendor Portal to upload corrected or additional insurance information so that we may continue to process your application.

You may check the status of your application or contact us using the Vendor Portal. If the CPCS Vendor Team has any questions, they will reach out to you directly.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/>)

Thank you for applying to be a vendor for the Commonwealth of Massachusetts.

CPCS Vendor Maintenance Team

One attachment • Scanned by Gmail ⓘ



Insurance Review Complete

From: noreply@salesforce.com <noreply@salesforce.com> on behalf of CPCS Vendor Info <vendorinfo@publiccounsel.net>

Date: Tuesday, January 16, 2024 at 10:47 AM

To: james.sharpe@arbola-inc.com <james.sharpe@arbola-inc.com>

Subject: Sandbox: Insurance Review Completed: Steve AttorneyDocusignEmail

Dear Rita,

The insurance review for Steve AttorneyDocusignEmail was successfully completed by Jorge Aviles on 1/16/2024, 10:47 AM.

- Attorney Name: Steve AttorneyDocusignEmail
- BBO: 599715
- Panels: [District Court Panel]

Thank You,

Audit & Oversight Team

Panel Review Request

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info
Sent: Thursday, January 18, 2024 1:08 PM
To: Denise Torraco <dtorraco@publiccounsel.net>
Subject: Sandbox: Insurance Approved, Panel Review Required: CPCS NewAttorney

Dear Panel Head,

CPCS has successfully completed its review of insurance information for the attorney applicant CPCS NewAttorney.

- * Attorney Name: CPCS NewAttorney
- * BBO: 599715
- * Insurance Exp Date: January 31, 2024
- * Panels: [District Court Panel]

You may view and complete the panel approval of this application by clicking on the link below:

<https://cpcs--dev.sandbox.my.salesforce.com/a0F3R000000r3FbUAI>

Thank you,

CPCS Vendor Maintenance Team

Panel Review Complete

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info
Sent: Thursday, January 18, 2024 1:11 PM
To: Liz Malone-O'Hara <mmalone-ohara@publiccounsel.net>
Subject: Sandbox: Panel Review Completed: CPCS NewAttorney

The Panel Review for CPCS NewAttorney was successfully completed by Donny Jee on 1/18/2024, 1:10 PM. This application is ready for DocuSign work.
<https://cpcs--dev.sandbox.my.salesforce.com/a0F3R000000r3FbUAI>

Ready for DocuSign Work

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info
Sent: Thursday, January 18, 2024 1:09 PM
To: Liz Malone-O'Hara <mmalone-ohara@publiccounsel.net>; sf+macpcs@arbolainc.com
Subject: Sandbox: Ready for DocuSign Work:

Dear Vendor Maintenance,

The panel review for was successfully completed by Donny Jee on 1/18/2024, 1:08 PM. This application is ready for DocuSign work.

<https://cpcs--dev.sandbox.my.salesforce.com/a073R000001XzGAQA0>

Agency Head Request

Sandbox: State/Key Vendor Applying for CPCS inbox x



CPCS Vendor Info vendorinfo@publiccounsel.net via [34vxa2d3ysxvuhk8.k603zx5xvr8ccgl6.nq39nog.3r-8f0huua.cs132.bnc.sandbox.salesforce.com](#)
to agile.steve.smith+cpcsnexpert@gmail.com

Thu, Jan 18, 1:19 PM (1 day ago) ☆ ☺ ↶ ⋮

Hello Test Title,

- The following employee, CPCS NewExpert, who is the Test Title at Executive Office for Administration and Finance has applied to become a Court Cost Vendor for the Committee for Public Counsel Services (CPCS) where they will be able to provide expert services to cases on a part-time basis Here is the info disclosed by your employee I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.
- Office Email: agile.steve.smith+cpcsnexpert@gmail.com
- Nature of services: Description of the nature of the representation.
- The following entity will pay for the services:
- Financial Interest: 1000

Please reply to this email indicating that you have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.

Thanks for your prompt response,CPCS Vendor Maintenance Team

<https://www.publiccounsel.net/>

Ethics Questionnaire

Sandbox: Ethics Questionnaire Inbox x



CPCS Vendor Info vendorinfo@publiccounsel.net via cbl2zq30lxyzlryyrr4aameagye9624.fdselw4.3r-8f0huua.cs132.bnc.sandbox.salesforce.com to agile.steve.smith+cpcsnexpert@gmail.com

Thu, Jan 18, 1:19 PM (1 day ago) ☆ ☺ ↶ ⋮

Dear CPCS NewExpert,

Thanks for completing the initial part of the CPCS vendor application process. Since you have indicated on your application that either you are a state employee, a key employee on state contract, or currently provide services to the Commonwealth, the State Ethics Commissions requires some additional information be completed as part of your application.

Please reply to this email and provide responses to the two questions below:

1. Are there any conflicts with your current job and the CPCS client and if not, what will you do to prevent any conflict going forward?
2. Describe your current state work in terms of hours worked per day, and how you plan on providing forensic expert services for CPCS while being employed by another state agency?

In addition to the two questions, please complete the attached disclosure form and attach it to your email response.

Once your application is approved, we will proceed with setting up your billing information via DocuSign. We will send you more information about DocuSign later in the review process.

You may use the Vendor Portal to submit any questions to us, and to check the status of your application.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/>)

Thank you for applying to be a vendor for the Commonwealth of Massachusetts.

CPCS Vendor Maintenance Team

One attachment • Scanned by Gmail



Ins. Review Rejection

Sandbox: There is an Issue with your CPCS Vendor Application Inbox x

CPCS Vendor Info vendorinfo@publiccounsel.net via czqfddasy5coqhd.oguaavut25bcg3gl.ckbyz.3r-8f0huua.cs132.bnc.sandbox.salesforce.com to agile.steve.smith+cpcsnexpert@gmail.com

Dear CPCS NewAttorney,

We have encountered an issue with your CPCS vendor application. Your application did not pass our insurance review process for the following reason(s):

- Coverage amounts inadequate or limits not listed. State coverage amounts and list limits (per claim and aggregate).
- Please re-submit with adequate insurance coverage.

Please visit the Vendor Portal to upload corrected or additional insurance information so that we may continue to process your application.

You may check the status of your application or contact us using the Vendor Portal. If the CPCS Vendor Team has any questions, they will reach out to you directly.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/>)

Thank you for applying to be a vendor for the Commonwealth of Massachusetts.

CPCS Vendor Maintenance Team

One attachment • Scanned by Gmail



Credential Review Request

From: noreply@salesforce.com <noreply@salesforce.com> on behalf of CPCS Vendor Info <vendorinfo@publiccounsel.net>

Date: Friday, January 26, 2024 at 4:17 PM

To: ntamulis@publiccounsel.net <ntamulis@publiccounsel.net>, cdunne@publiccounsel.net <cdunne@publiccounsel.net>, igant@publiccounsel.net <igant@publiccounsel.net>, jterrasi@publiccounsel.net <jterrasi@publiccounsel.net>, mgrant@publiccounsel.net <mgrant@publiccounsel.net>, odubois@publiccounsel.net <odubois@publiccounsel.net>, kdame@publiccounsel.net <kdame@publiccounsel.net>

Cc: [REDACTED]

Subject: Sandbox: Credential Review Request for State Employee: Jamie Steward

Dear Expert Review Team,

Please click on the hyperlink below to view the vendor application and supporting documents of vendor Jamie Steward:

<https://cpcs--dev.sandbox.my.salesforce.com/a0F3R000000rP67>

Please review at your convenience and let us know once everything has been approved for vendor set up. If you need anything else, please don't hesitate to reach out. Thank you!

Thank you,
CPCS Vendor Maintenance Team

Credential Review Rejection

From: noreply@salesforce.com <noreply@salesforce.com> on behalf of CPCS Vendor Info <vendorinfo@publiccounsel.net>

Date: Friday, January 26, 2024 at 4:25 PM

To: [REDACTED] <[REDACTED]>

Subject: Sandbox: There is an Issue with your CPCS Vendor Application

Dear Jamie Steward,

We have encountered an issue with your CPCS vendor application. Your application did not pass our insurance review process for the following reason:

Document is unreadable. Please upload your document using a darker text setting; the text is too light, we cannot read the dates.

Please visit the Vendor Portal to upload corrected or additional insurance information so that we may continue to process your application.

You may check the status of your application or contact us using the Vendor Portal. If the CPCS Vendor Team has any questions, they will reach out to you directly.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/login>)

Thank you for applying to be a vendor for the Commonwealth of Massachusetts.

CPCS Vendor Maintenance Team

Credential Review Complete

From: noreply@salesforce.com <noreply@salesforce.com> On Behalf Of CPCS Vendor Info
Sent: Thursday, January 18, 2024 1:30 PM
To: Liz Malone-O'Hara <mmalone-ohara@publiccounsel.net>
Subject: Sandbox: Panel Review Completed: CPCS NewExpert

The Credential Review for CPCS NewExpert was successfully completed by Arbola on 1/18/2024, 1:29 PM. This application is ready for DocuSign work.
<https://cpcs-dev.sandbox.my.salesforce.com/a0F3R000000r3H3UA/>

Vendor Account Closed

Sandbox: Your CPCS Vendor Account has been Closed Inbox x

CPCS Vendor Info vendorinfo@publiccounsel.net via [c2rrat2aatzb7ewl.awf4pr4ykt1ei33v.u7xjdio.3r-8f0huua.cs132.bnc.sandbox.salesforce.com](#)
to agile.steve.smith+cpcsnnewattorney@gmail.com ▼

Dear CPCS NewAttorney,

CPCS has closed your vendor account. Thank you being a vendor with us.

If you would like to re-apply as a vendor, please create an account and complete the vendor application on the vendor portal.

Vendor Portal (<https://uat-vendorportal.publiccounsel.net/login>)<

Sincerely,

CPCS Vendor Maintenance Team

Secure Message Received

Sandbox: Case Confirmation Inbox x

Arbola sf+macpcs@arbolainc.com via [roc31zg53rnzg171.gszt.3r-8f0huua.cs132.bnc.sandbox.salesforce.com](#)
to agile.steve.smith+cpcsnnewexpert@gmail.com ▼

Hello,

MA CPCS has received your received your message. The reference number is below.

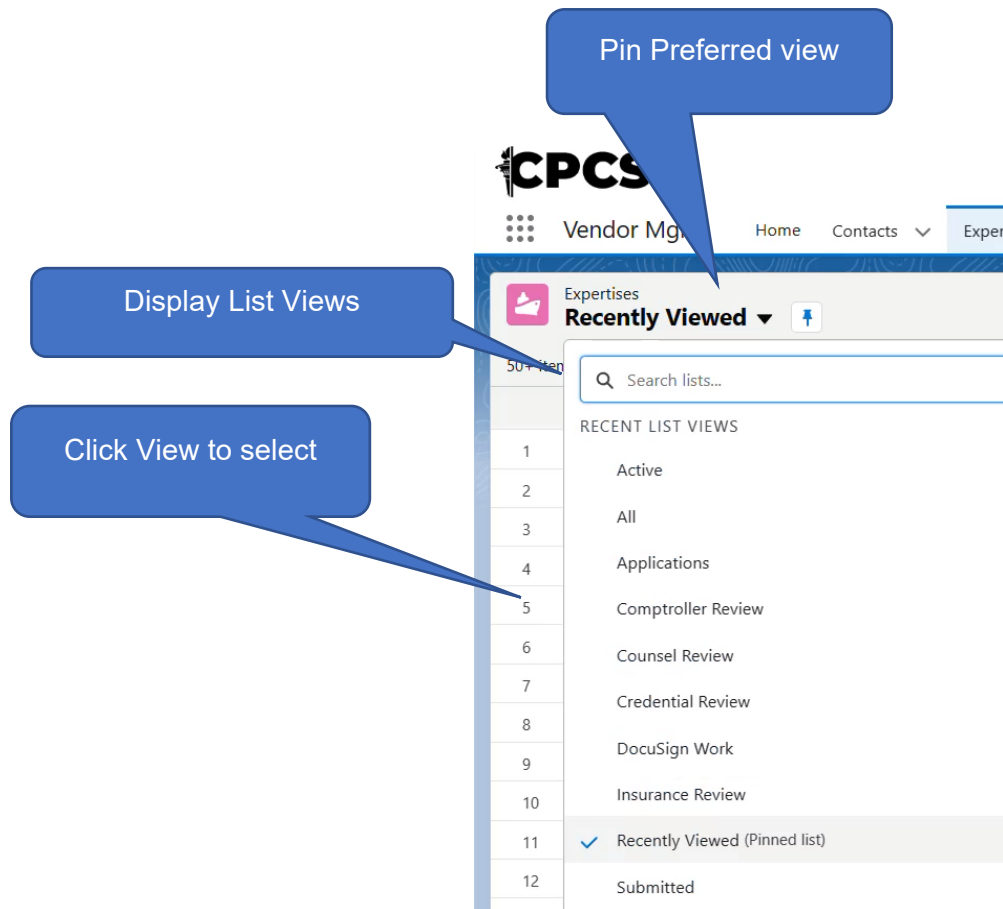
00016779

Thank you!

View and Locate Records

List Views

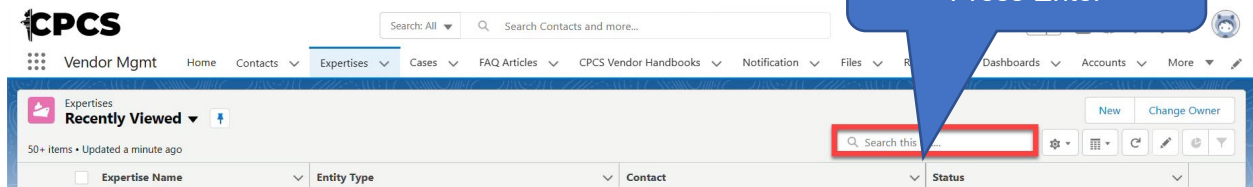
Objects display using **List Views**. The actual list view options will be based on your department role. The different list views allow you to group by categories to locate specific records more easily. The default **List View** is **Recently Viewed**.



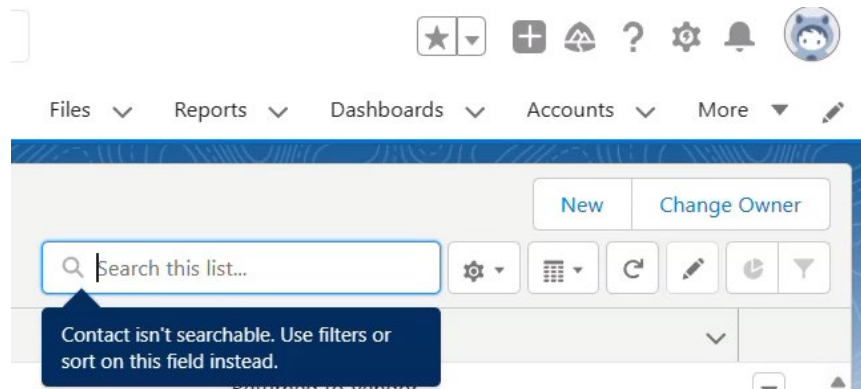
Using List Views

Search a List View

Search a **List View** using the list search box.

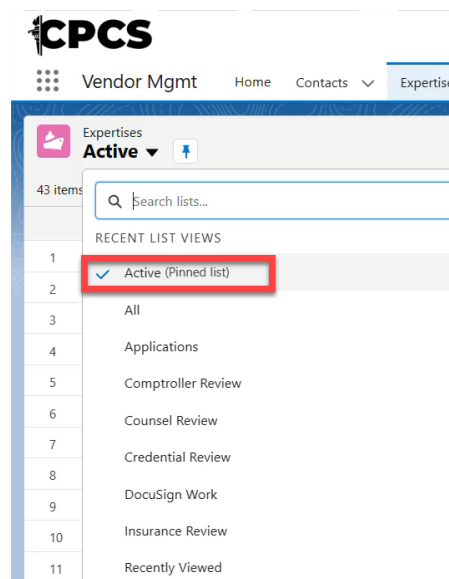


NOTE: Salesforce limits this search



Pin a List View

The **List View** that is **pinned** will be the default view. To select a different **List View**, select the list name from the dropdown and click the **pin**.



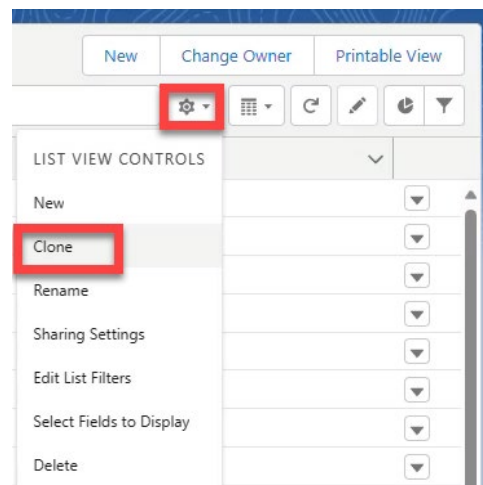
Creating Custom List Views

You can create your personal list view quickly and easily by **Cloning** (i.e., copying) an existing list view, and tailoring your new view to your specific needs by following these steps:

NOTE: A **List View** can be for private or public view.

Clone and Filter a List View

1. With the list view to be copied displaying on the screen, click the **gear icon** in the upper right corner of the screen and select **Clone** from the **LIST VIEW CONTROLS** list.



2. Click in the **List Name** field, type the name for your view, and click the **Save** button
NOTE: The **List API Name** field will auto-populate.

Clone List View

Click the radio button to select who can see the list view

* List Name

Submitted Applications

* List API Name ⓘ

Submitted_Applications

Who sees this list view?

☒ Only I can see this list view

☐ All users can see this list view ⓘ

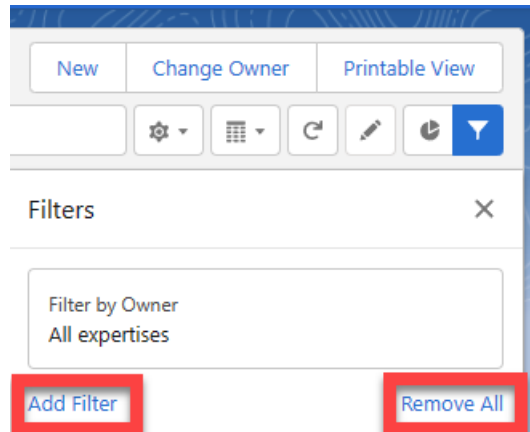
☐ Share list view with groups of users ⓘ

Cancel

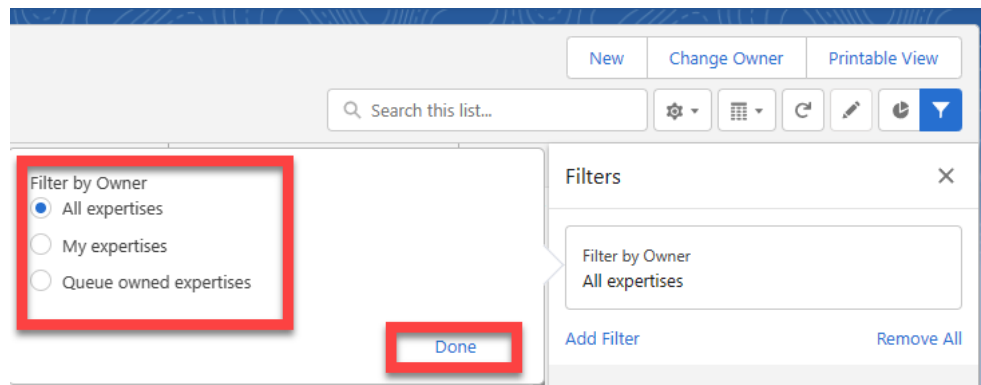
Save

- The new list view will display, the **Filters** panel will display on the right side of the screen displaying the **existing filters**, and the filters button will display in **blue and white**.

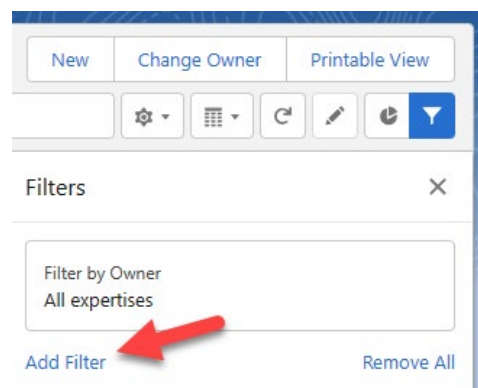
There are links below the existing filters to **Add Filters** and **Remove All**.



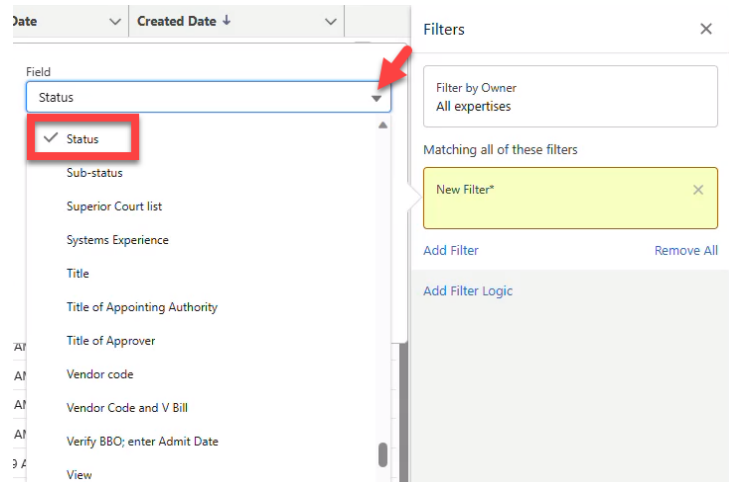
- Click on any **existing filters**, adjust the desired value(s), and then click the **Done** button.



- Click the link **Add Filter**

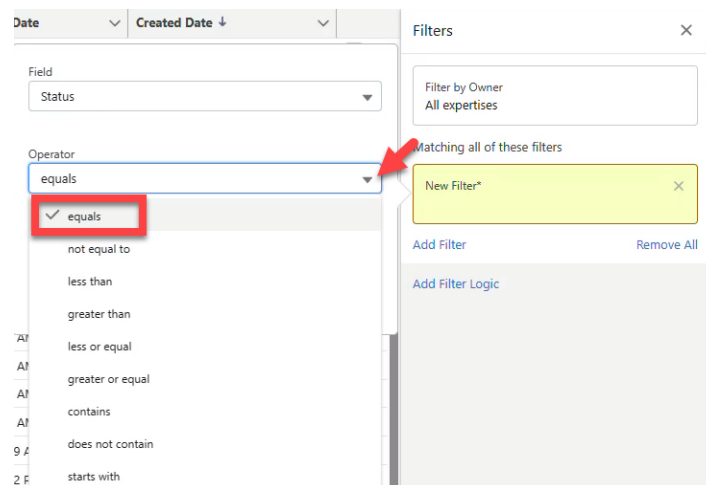


6. Select the desired **field** from the picklist.



The 'Filters' dialog box is shown. The 'Field' dropdown is open, displaying a list of fields. 'Status' is selected and highlighted with a red box. A red arrow points to the dropdown arrow.

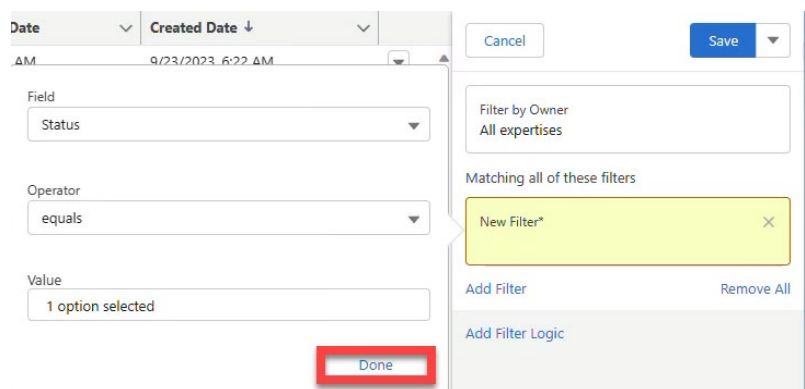
7. Select the **filter Operator** from the picklist.



The 'Filters' dialog box is shown. The 'Operator' dropdown is open, displaying a list of operators. 'equals' is selected and highlighted with a red box. A red arrow points to the dropdown arrow.

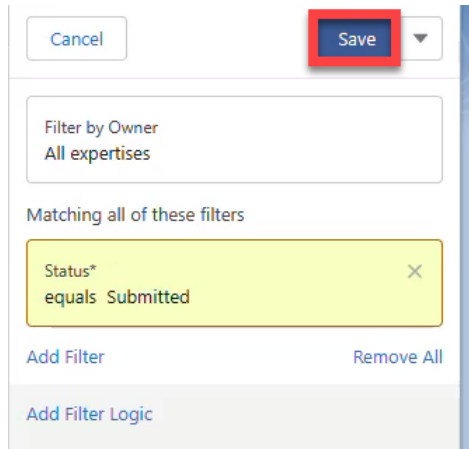
8. Enter the desired **field Value** from the picklist and click the **Done** button.

NOTE: Picklist fields will require the user to select the value from the available options.



The 'Filters' dialog box is shown. The 'Value' field is filled with '1 option selected'. The 'Done' button is highlighted with a red box.

9. Add as many additional filters as needed and then click the **Save** button.



Cancel Save

Filter by Owner
All expertises

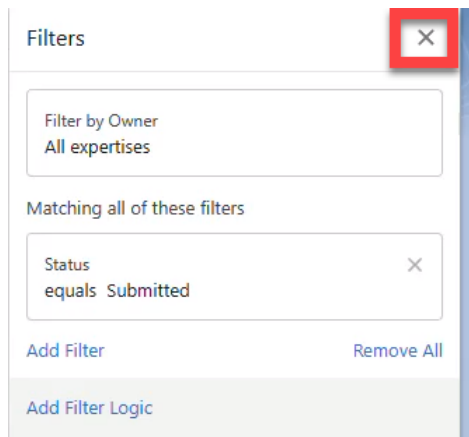
Matching all of these filters

Status*
equals Submitted

Add Filter Remove All

Add Filter Logic

10. Close the **Filters** panel by clicking the “X” in the upper right corner.



Filters

Filter by Owner
All expertises

Matching all of these filters

Status
equals Submitted

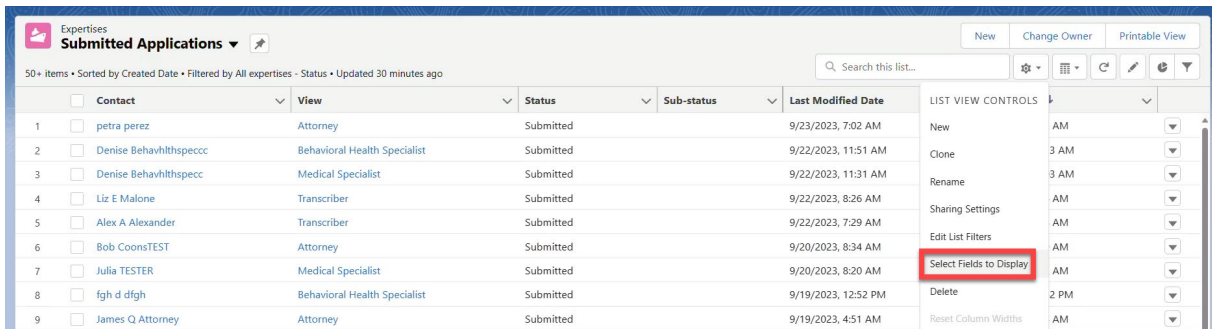
Add Filter Remove All

Add Filter Logic

Selecting Fields (Columns) to Display

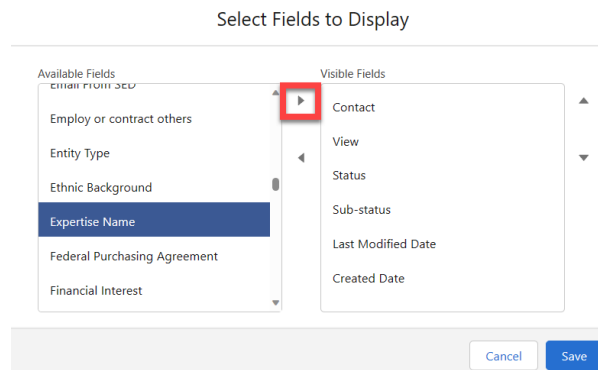
You can **add/adjust/remove columns** in your custom list view as desired by following these steps:

1. Click the **gear icon** in the upper right corner and click **Select Fields to Display**.



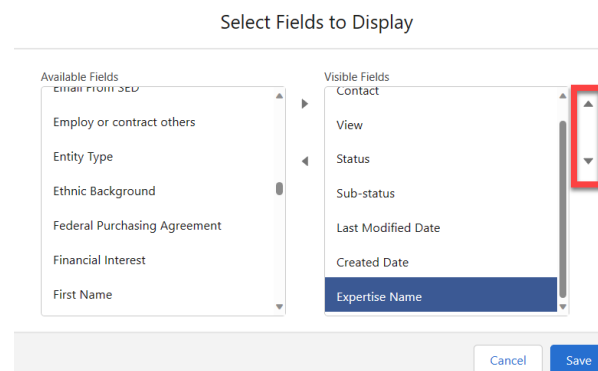
The screenshot shows a table of submitted applications with columns: Contact, View, Status, Sub-status, and Last Modified Date. The 'LIST VIEW CONTROLS' menu is open, and the 'Select Fields to Display' option is highlighted.

2. Click on one or more fields in the **Available Fields** column and click the right-pointing arrow to add it to the **Visible Fields** column.



The 'Select Fields to Display' dialog box shows two columns: 'Available Fields' and 'Visible Fields'. The 'Expertise Name' field is highlighted in the 'Available Fields' column, and a red box highlights the right-pointing arrow button used to move it to the 'Visible Fields' column.

3. **Reorder** the fields using the up/down arrows.



The 'Select Fields to Display' dialog box shows the 'Visible Fields' column with the 'Expertise Name' field at the bottom. A red box highlights the up/down arrows used to reorder the fields.

4. **Remove** unwanted fields from the Visible Fields column by clicking the left-pointing arrow.

Select Fields to Display

Available Fields

Email from SED

Employ or contract others

Entity Type

Ethnic Background

Federal Purchasing Agreement

Financial Interest

First Name

Visible Fields

Expertise Name

Contact

View

Status

Sub-status

Last Modified Date

Created Date

Cancel Save

5. When completed, click the **Save** button.

Select Fields to Display

Available Fields

Email from SED

Employ or contract others

Entity Type

Ethnic Background

Federal Purchasing Agreement

Financial Interest

First Name

Visible Fields

Expertise Name

Contact

View

Status

Last Modified Date

Created Date

Cancel Save

6. The new list view will appear on the **list view picklist** and can be **Pinned** so that it becomes your **default view**.

Expertises

Submitted Applications ▼

50+ items

Search lists...

Credential Review

DocuSign Work

Insurance Review

Recently Viewed

Submitted

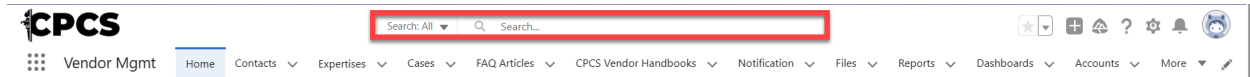
✓ Submitted Applications (Pinned list)

ALL OTHER LISTS

Global Search Box

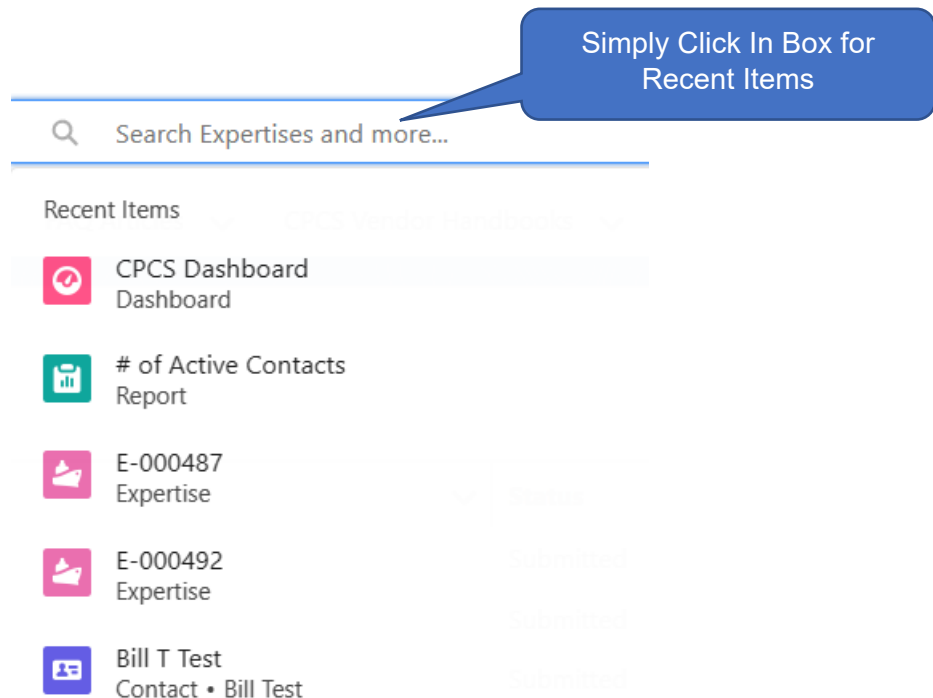
Search for all items using the [Global Search Box](#), which appears on all Salesforce screens.

Pressing enter after search text enables advanced searching options.

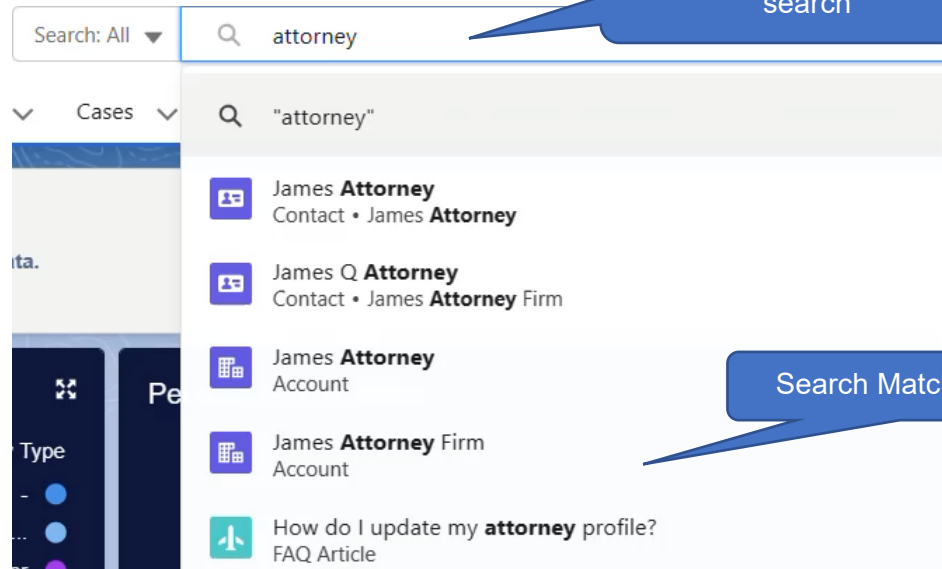


Recent Items

The search box also allows quick access to recently viewed items.



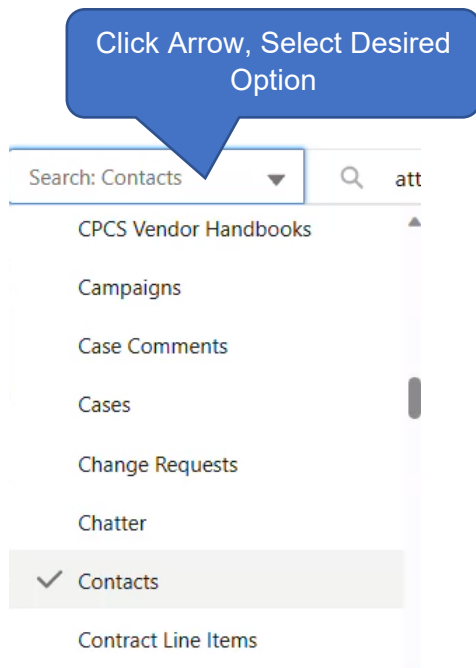
Global Searching



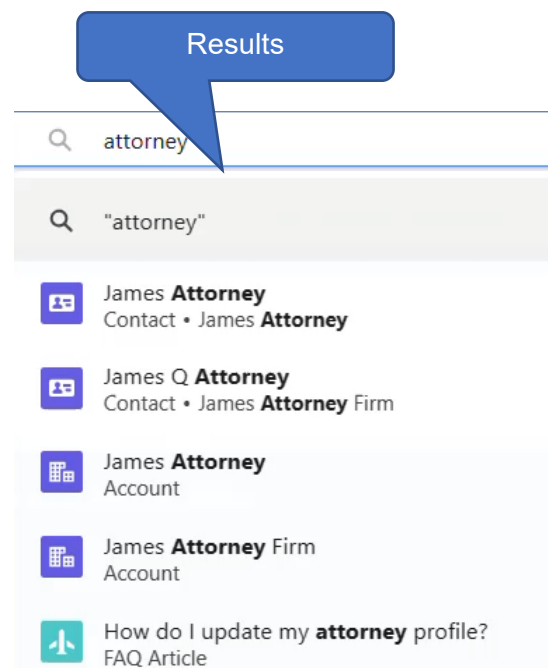
Begin typing to begin search

Search Matches Display

Specific Searches for Expertise, Contacts, Etc.



Click Arrow, Select Desired Option



Results

Advanced Searching

Invoke advanced search options by typing search text in the search box and then pressing **Enter**.



Type Search Text and Press Enter for Advanced Options

Click a Category to Search it Further

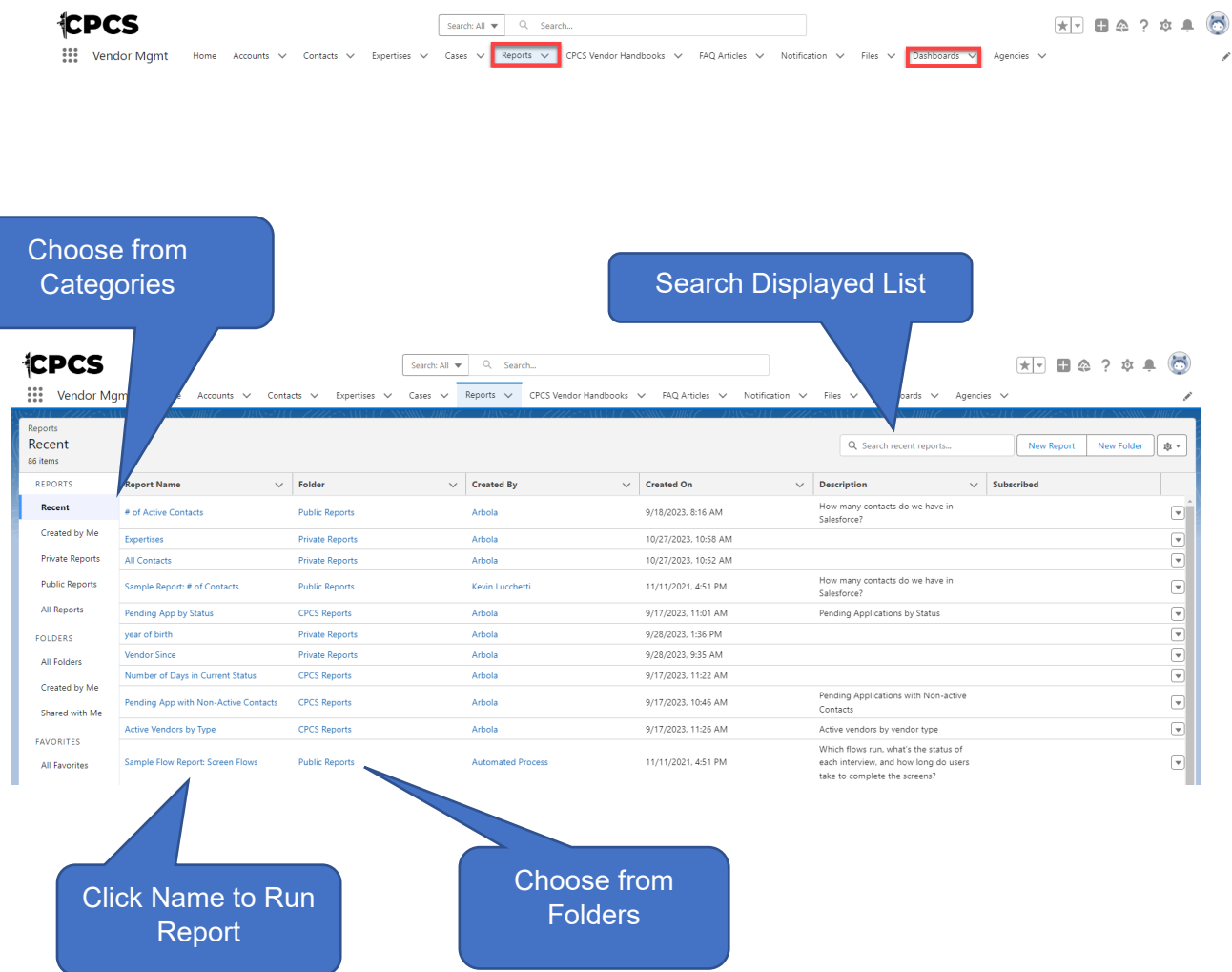
Refine Searches by Fields

Reports

There are numerous **Reports** that Salesforce provides that can be configured to output the information you need.

Dashboards that comprise data from several different reports displayed as charts are also available.

Access **Reports and Dashboards** by clicking on their respective tabs.



The screenshot shows the CPCS Reports page. The top navigation bar includes the CPCS logo, a search bar, and a menu with items like Vendor Mgmt, Home, Accounts, Contacts, Expertises, Cases, **Reports**, CPCS Vendor Handbooks, FAQ Articles, Notification, Files, **Dashboards**, and Agencies. The **Reports** and **Dashboards** tabs are highlighted with red boxes.

Below the navigation bar, the Reports page is displayed. It features a sidebar on the left with sections: Recent (86 items), FOLDERS, and FAVORITES. The main area shows a table of reports with columns: Report Name, Folder, Created By, Created On, Description, and Subscribed. The table lists various reports such as '# of Active Contacts', 'Expertises', 'All Contacts', 'Sample Report: # of Contacts', 'Pending App by Status', 'year of birth', 'Vendor Since', 'Number of Days in Current Status', 'Pending App with Non-Active Contacts', 'Active Vendors by Type', and 'Sample Flow Report: Screen Flows'.

Callouts provide instructions on how to interact with the page:

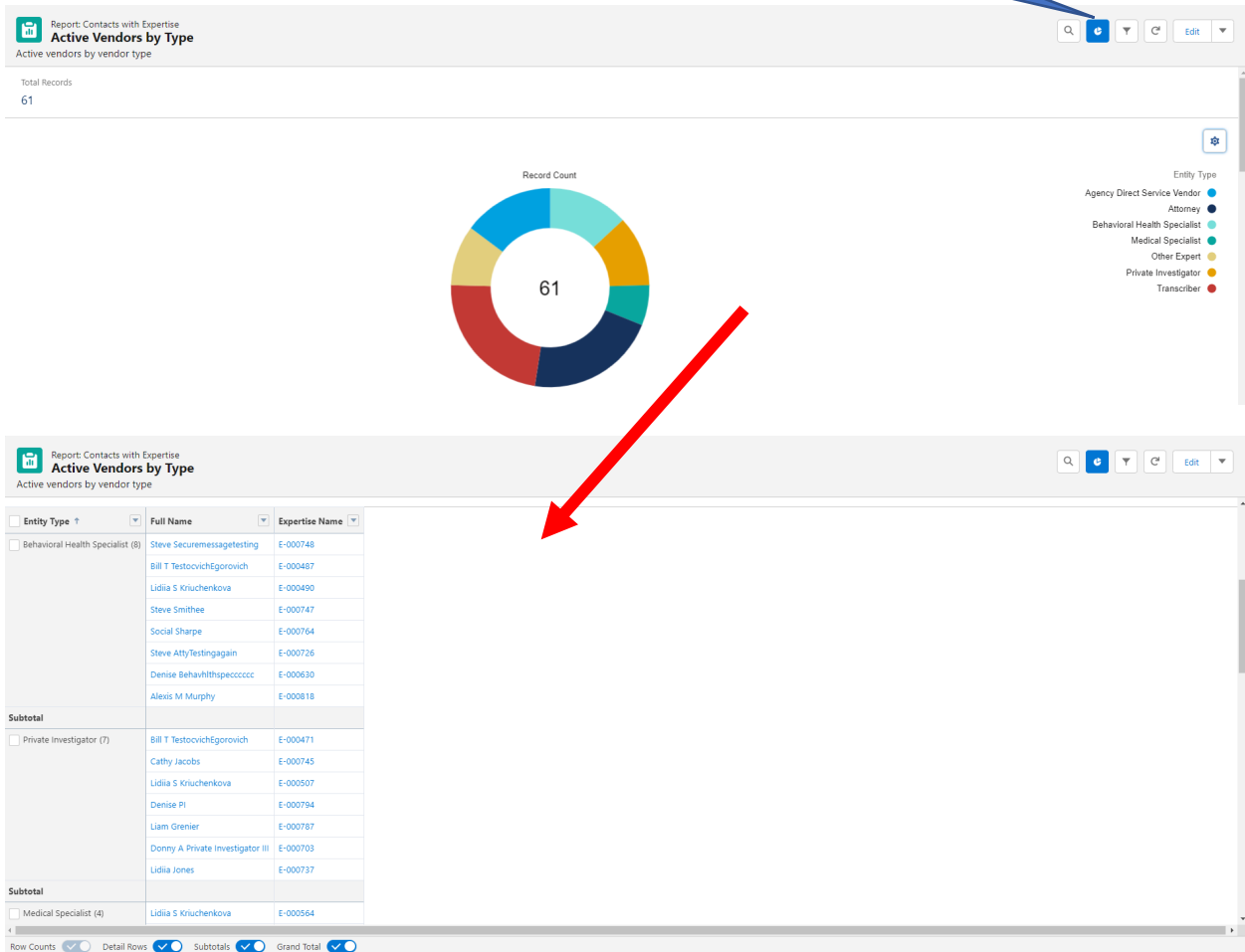
- Choose from Categories:** Points to the 'Recent' section in the sidebar.
- Search Displayed List:** Points to the search bar at the top of the report list.
- Click Name to Run Report:** Points to the 'Report Name' column header.
- Choose from Folders:** Points to the 'Folder' column header.

Viewing Reports

Reports typically display with a chart at the top while Dashboards show a collection of charts.

Click the **Toggle Chart button** to hide and display the chart that displays in a report.

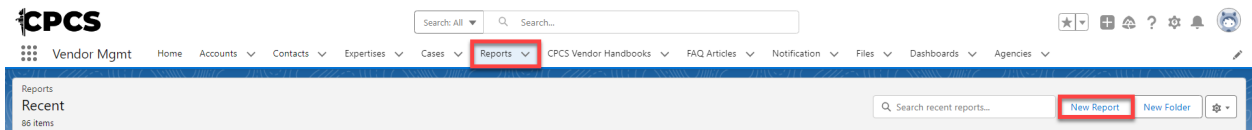
Toggle Chart



Creating Reports

Choose a Report Type

1. From the Reports tab, click the **New Report** button.



2. All **Report Types** will display. Filter the list by choosing one of the displayed **Categories** on the left and/or type matching text in the search field to further refine the list. Select the desired objects for your report.

Select Report Category

Type Text to Search Types

Category

Recently Used

All

Accounts & Contacts

Opportunities

Customer Support Reports

Leads

Campaigns

Activities

Contracts and Orders

Price Books, Products and Assets

Administrative Reports

File and Content Reports

Quotes

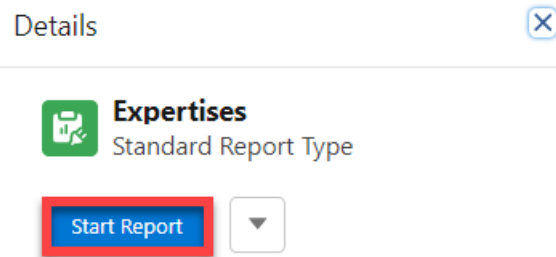
Select a Report Type

Search Report Types...

Report Type Name	Category
Accounts	Standard
Contacts & Accounts	Standard
Contacts & Accounts and Default Expertise	Standard
Accounts with Partners	Standard
Account with Account Teams	Standard
Accounts with Contact Roles	Standard
Accounts with Contact Roles and Default Expertise	Standard
Accounts with Assets	Standard
Contacts with Assets	Standard
Contacts with Assets and Default Expertise	Standard
Accounts with Billing	Standard
Accounts with Billing and Contact	Standard
Contacts with Desired Support Areas	Standard
Account History	Standard

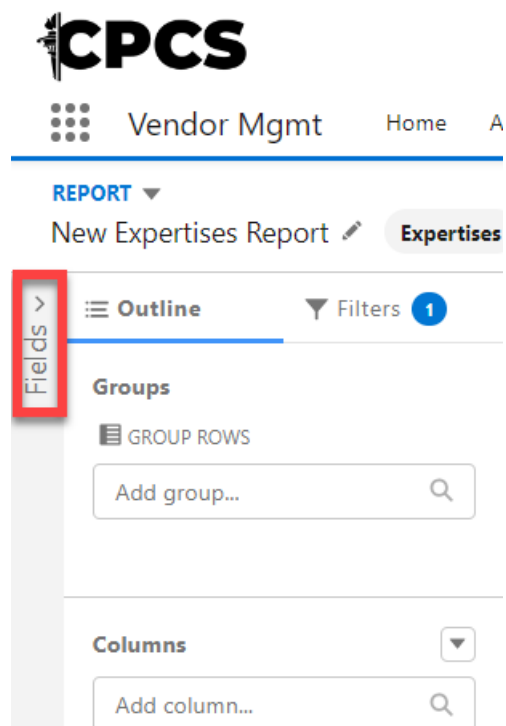
Select Type from the List

3. Click the **Start Report** button.

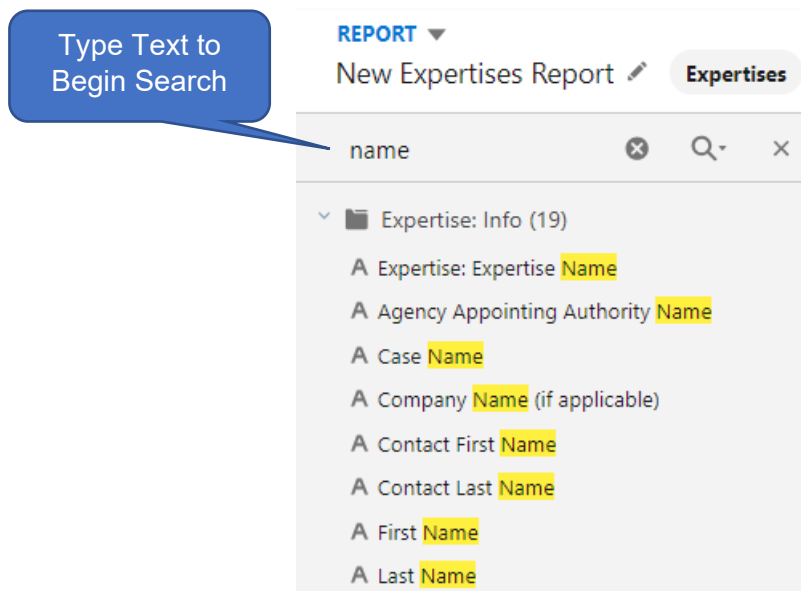


Select Fields

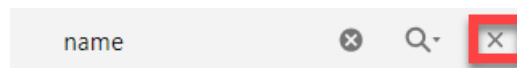
1. Select the Fields (columns) for the report by clicking the arrow button on the **Fields** panel.



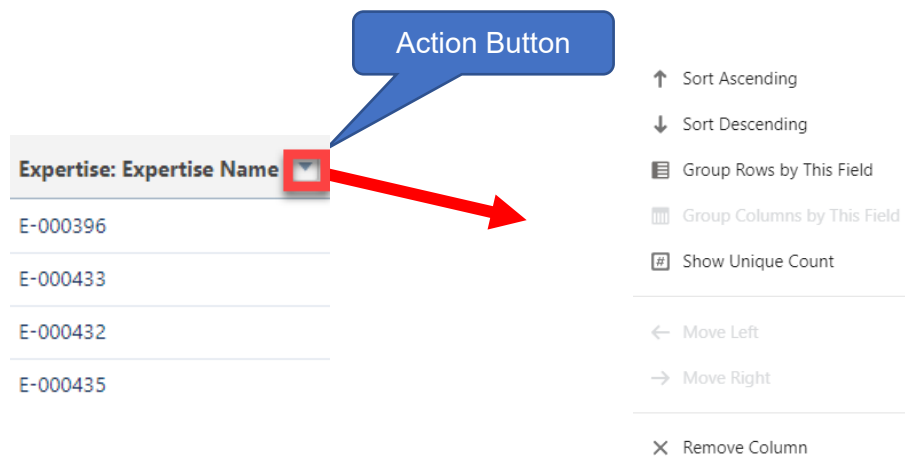
2. Use the **search box** to type part of the **field name** to refine the list. Double-click the desired **field** to add it to the report. The **field** selected will be added to the report.



3. Close the panel by clicking the “X” to the right of the search box.

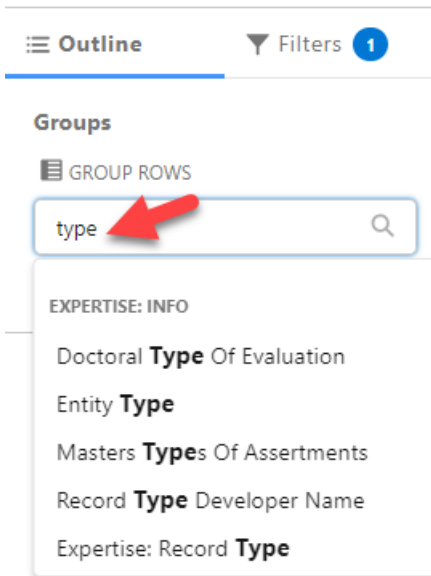


4. Use the Action Button to Sort, Group rows or columns by this field, Show unique Count, Move Left or Right, or Remove this Column.

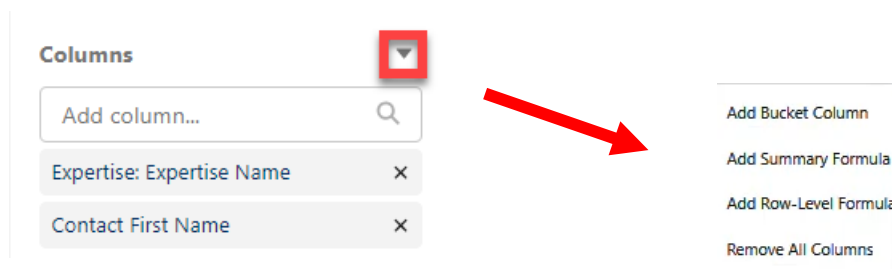


Use the Outline Panel to Group and Add Columns

1. Type in the **Groups** search box to find a column to group the report.

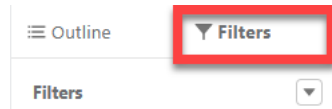


2. Add additional columns by searching and selecting them using the **Columns** search box. Click the action button for additional options.

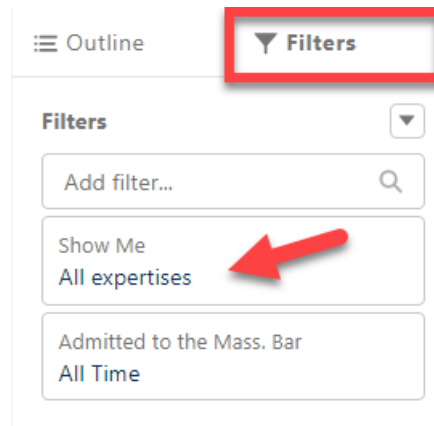


Adjust and Add Filters

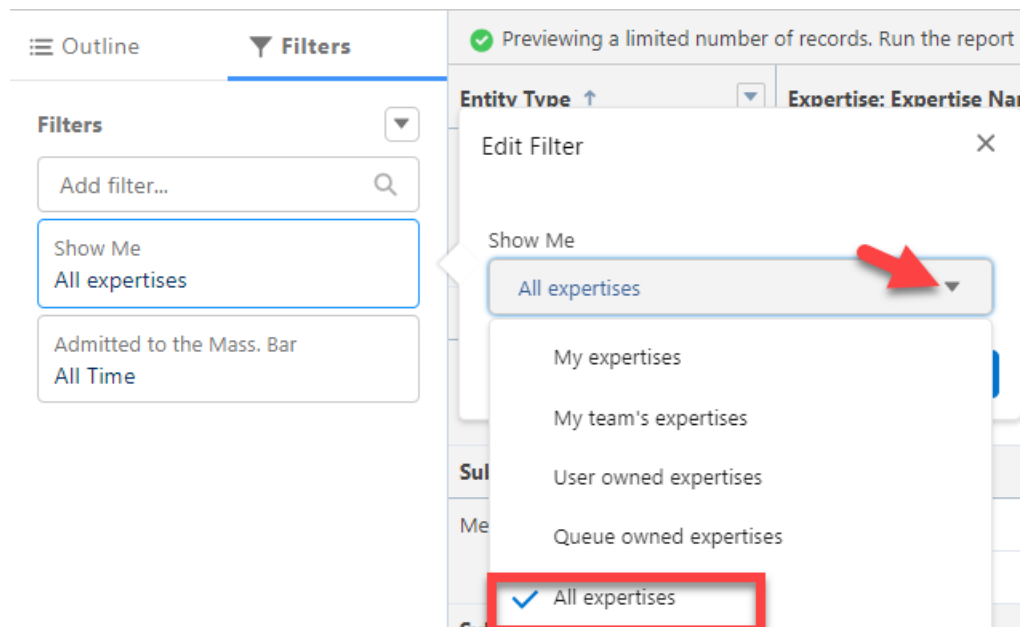
1. Click the **Filters** tab.



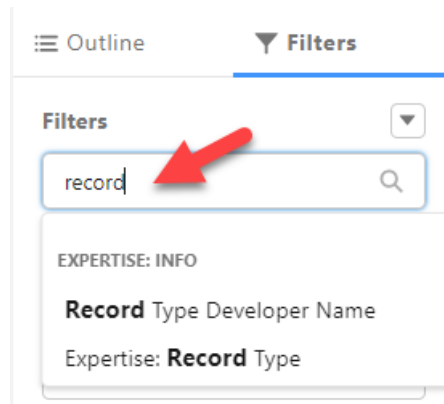
2. To show additional opportunities matching the report criteria, click the **Show Me** filter.



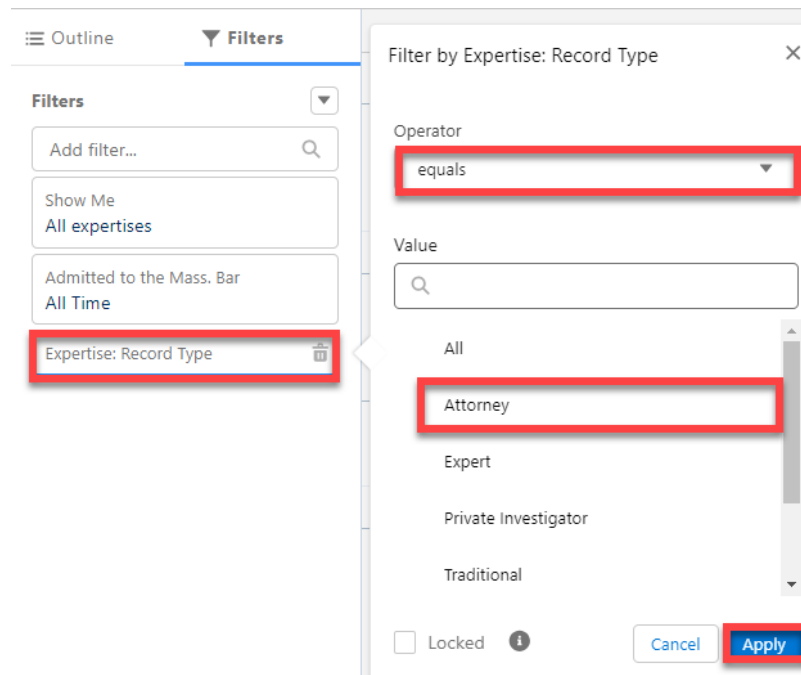
3. Select an option to filter by from the picklist.



- To add a filter, begin typing the desired field in the **Filter search box**.



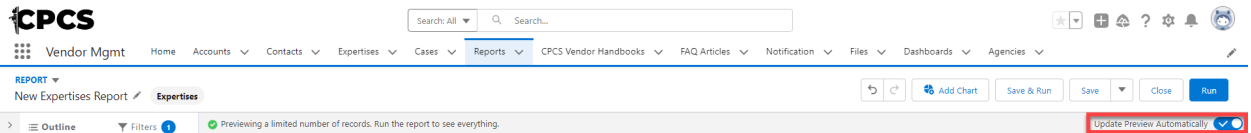
- After selecting the filter, select the **Operator** of your choice and select the status from the picklist **values**. Click the **Apply** button to continue creating the report.



Preview and Run the Report

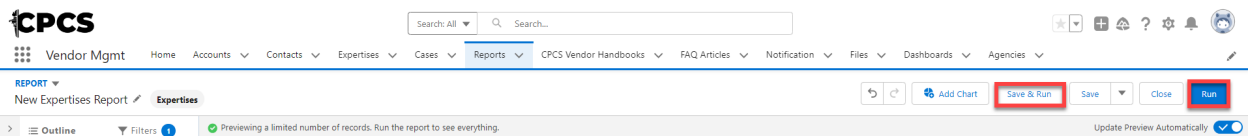
1. To preview the changes you are making in the fields and filters, enable **Update Preview Automatically** (upper-right of the Report Builder).

NOTE: The report will show a limited number of records while previewing the report.

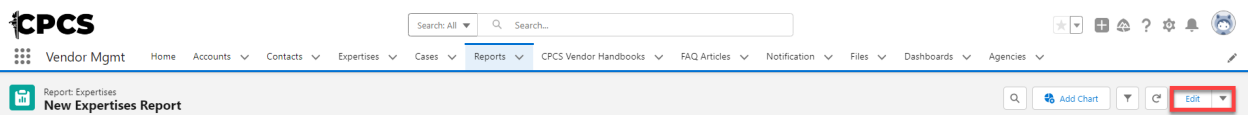


2. Click the **Run or Save & Run** button to preview the report with full data. The report will display.

NOTE: If you select **Save & Run**, please refer to the next section for saving a report

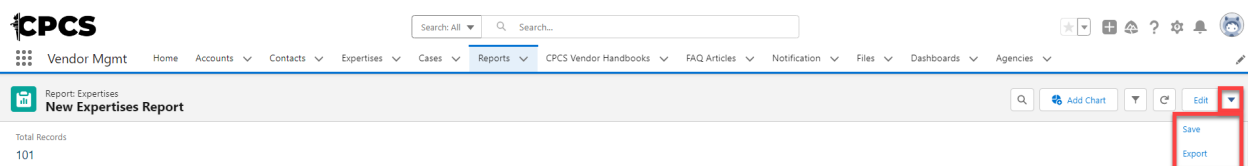


3. To make changes to the report, click the **Edit** button to return to the report building screen.



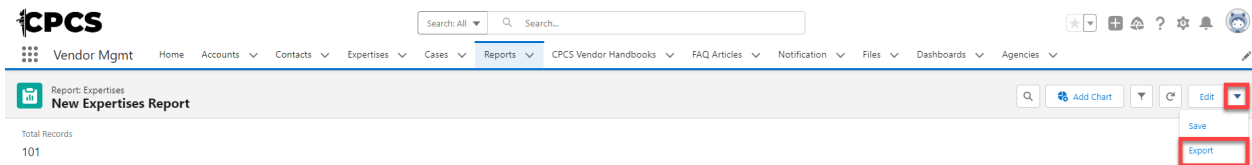
Save the Report

1. To save the report, click the **Edit action button** to select **Save**.

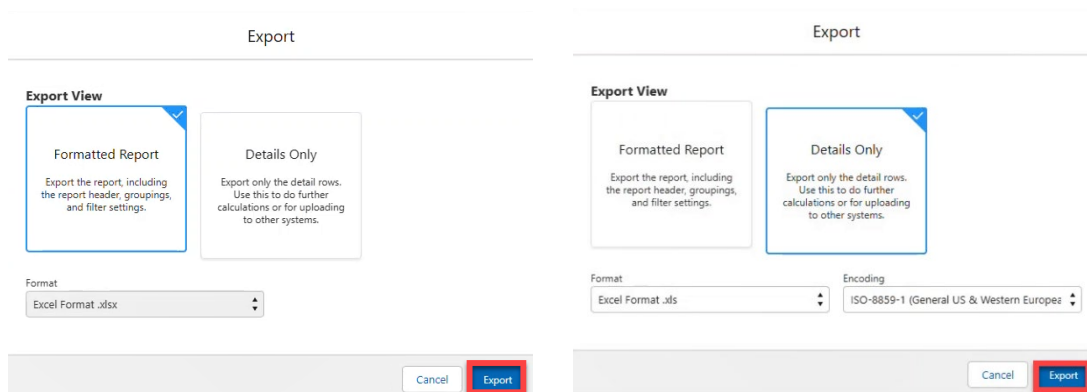


Exporting and Printing the Report

1. Click the dropdown arrow next to the Edit button and select **Export**.



2. The **Export** screen will display. Select either **Formatted Report** or **Details Only** and click the **Export** button. The report will download in MS Excel format.

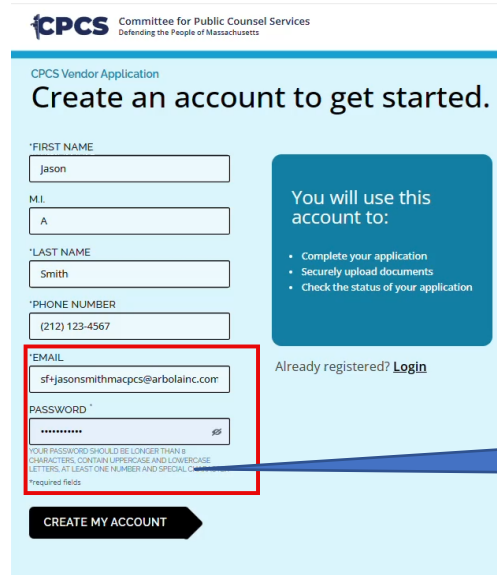


Vendor Applications – Portal

Applications are submitted via the portal. There are seven paths with specific information related to each vendor type. The user has the option to Save and Continue the application on each screen.

Attorney

Account & Contact



CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application
Create an account to get started.

*FIRST NAME
Jason

M.I.
A

*LAST NAME
Smith

*PHONE NUMBER
(212) 123-4567

*EMAIL
sf+jasonsmithmacpcs@arbolainc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER.
*Required Fields

You will use this account to:

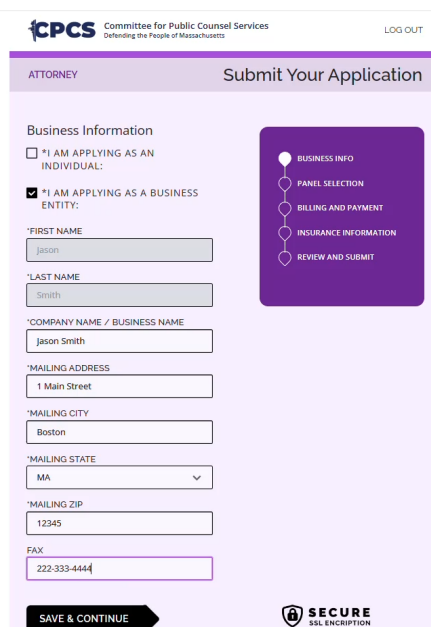
- Complete your application
- Securely upload documents
- Check the status of your application

Already registered? [Login](#)

CREATE MY ACCOUNT

Login username and password

Contact



CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

ATTORNEY Submit Your Application

Business Information

☐ *I AM APPLYING AS AN INDIVIDUAL:

☒ *I AM APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
Jason

*LAST NAME
Smith

*COMPANY NAME / BUSINESS NAME
Jason Smith

*MAILING ADDRESS
1 Main Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
12345

FAX
222-333-4444

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

BUSINESS INFO
PANEL SELECTION
BILLING AND PAYMENT
INSURANCE INFORMATION
REVIEW AND SUBMIT

Expertise

Languages

Panels

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

ATTORNEY Submit Your Application

Business Information

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

VC0000000000

*BBO #

000000

ADMITTED TO THE MASS. BAR

01/04/2020

WEBSITE

LANGUAGE(S)

SPANISH X

SPANISH

FLUENCY: READING WRITING, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

Proficient

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation:

- BUSINESS INFO
- PANEL SELECTION
- BILLING AND PAYMENT
- INSURANCE INFORMATION
- REVIEW AND SUBMIT

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

DASHBOARD | LOG OUT

ATTORNEY Submit Your Application

Panel Information

If you HAVE been certified for one of the Panels below, please check all that apply and indicate membership date on the following screen.

☒ District Court Panel

☐ Superior Court Panel

☐ Appeals-Children & Family Law Panel

☐ Appeals-Mental Health Panel

☐ Appeals-Post Conviction Panel

☐ Children and Family Law Panel

☐ Juvenile Delinquency Panel

☐ Mary Moes Panel

☐ Mental Health Panel

☐ Murder Trial Panel

☐ Rogers-Nursing Homes Panel

☐ Sex Offender Registration Panel

☐ Sexually Dangerous Persons Panel

☐ Youthful Offender Panel

☐ If you have NOT been certified for one of the Panels above, click here.

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation:

- BUSINESS INFO
- PANEL SELECTION
- PANEL DETAILS
- BILLING AND PAYMENT
- INSURANCE INFORMATION
- REVIEW AND SUBMIT

ATTORNEY

Submit Your Application

Panels

Panel Details

Certification Information for District court trial panel

COUNTIES IN WHICH YOU ACCEPT
ASSIGNMENTS FOR THIS PANEL

BRISTOL X ESSEX X

*BAR ADVOCATE PROGRAMS IN WHICH
YOU ARE A MEMBER

BRISTOL COUNTY BAR ADVOCATES, INC. X

*EXPIRATION DATE(S) OF BAR ADVOCATE
PROGRAM CONTRACT(S):

12/31/2026

*WHEN DID YOU FIRST BECOME A MEMBER
OF THE PANEL?

01/01/2020

MM/DD/YYYY

IF YOU DON'T KNOW THE EXACT DATE, PLEASE SELECT THE FIRST
DAY OF THE MONTH

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

- BUSINESS INFO
- PANEL SELECTION
- PANEL DETAILS
- BILLING AND PAYMENT
- INSURANCE INFORMATION
- REVIEW AND SUBMIT



ATTORNEY

[Submit Your Application](#)

Billing and Payment

Private Attorney Ebill 2.0 Access Agreement

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) Ebill 2.0 System through my individual password, I hereby agree to abide by the terms and conditions of this agreement, as set forth below:

1. The password assigned to me will be used exclusively by me for billing CPSCS for legal services I provide. I may also bill for my employees/contractors and submit vouchers in keeping with CPSCS policy. I agree that I have appropriate security systems in place to prevent unauthorized access to the EBll 2.0 System and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPSCS immediately of any suspected security breach.
2. I have reviewed the CPSCS Assigned Counsel Manual, and EBll 2.0 User Manual, as well as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.
3. I agree that by submitting electronic bills to CPSCS, I am attesting under the pains and penalties of perjury that the legal services were provided to the client, that all work was performed as billed, and that I maintain contemporaneous time records supporting the hours billed and case files in accordance with CPSCS billing and recordkeeping policy and the Assigned Counsel Manual as amended. In addition, I maintain receipts supporting all expenses incurred.
4. I agree to maintain a copy of the signed bill voucher, and all attachments, supporting records, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.
5. I agree to produce any requested documentation to CPSCS or billing records to the State Auditor immediately upon request.

I certify under pains and penalties of perjury that for all my bills filed with CPSC through the "eBill 2.0" system, I have been assigned to each case indicated on my eBill; I have provided the services described on the dates and for the times listed; I have provided representation consistent with CPSC Performance Guidelines and Standards; and all charges for legal services reflected on the eBill are based on my contemporaneous time records maintained in accordance with CPSC Assigned Counsel Manual's policies and procedures.

 *EBILL DOCUMENT
CONFIRMATION

MOTHER'S MAIDEN NAME

johnson

THIS WILL BE USED TO AUTHENTICATE YOU IF YOU LOSE YOUR
KEY OR IF YOU FORGET YOURS

[PREVIOUS](#)

SAVE & CONTINUE

SAVE & CLOSE

- ☒ BUSINESS INFO
- ☒ PANEL SELECTION
- ☒ PANEL DETAILS
- ☐ BILLING AND PAYMENT
- ☐ INSURANCE INFORMATION
- ☐ REVIEW AND SUBMIT

Expertise

 *EBILL DOCUMENT
CONFIRMATION

MOTHER'S MAIDEN NAME

johnson

THIS WILL BE USED TO AUTHENTICATE YOU IF YOU LOSE YOUR BILLING PASSWORD.

[PREVIOUS](#)

SAVE & CONTINUE

SAVE & CLOSE



SECURE
SSL ENCRYPTION

ATTORNEY **Submit Your Application**

Professional Liability Insurance Notice

Insurance Information

Please review and acknowledge the notice below:

Insurance Notice

TO: NEW ASSIGNED COUNSEL
FROM: WILLIAM E. SHAY, ESQ.

RE: PROFESSIONAL LIABILITY INSURANCE

All CPCS certified attorneys must maintain adequate liability insurance with minimum limits of \$100,000/\$100,000 or \$100,000/\$100,000 and with a maximum deductible of \$10,000. In addition, attorneys who are members of a Bar Advocacy Program (current address changes pending to the district court) must name the Program, including address, as a Certificate Holder of the policy. A list of Bar Advocacy Programs with current address information can be found at www.publiccounsel.com/bar-and-affiliates. If an attorney is not a member of a Bar Advocacy Program, they must list CPCS, Attn: Audit & Compliance, 18 Medical Street, 4th Floor, Boston, MA 02117 as Certificate Holder on the policy. Liability insurance is mandatory for all attorneys on all panels. All newly certified or re-certified CPCS attorneys must provide (1) this notice completed below and (2) proof of insurance. Your attention is directed to Chapter 2, Section J of the [Judicial Council Manual](#), which discusses the extensive requirements of insurance, continuously insured with a constant expiration date covering all your work on behalf of CPCS clients. The Manual is available on our website at www.publiccounsel.com/newly-certified-attorneys.

Your proof of insurance must include (a) the amount of coverage, (b) the deductible amount, (c) the coverage period, and (d) either a Bar Advocacy Program or CPCS named as Certificate Holder. A certificate of insurance, the coverage selection sheet or the declaration page of your policy is generally sufficient to prove coverage. However, to avoid any miscommunication and delay in processing, please review your proof of insurance to ensure that the requested information is contained therein. **PLEASE DO NOT SEND THE ENTIRE POLICY.** When you click to **Attach** or **Upload** electronically you do not need to send the entire policy. Your proof of insurance must be received by CPCS prior to accepting assignments. Any case assignments accepted prior to our receipt and approval of your proof of insurance will be rejected in our system and reassigned to other counsel.

Please note that bills from your insurer and proposals to question, offering coverage are not acceptable as proof of currently existing insurance.

Please be aware that newly certified or re-certified attorneys who do not send proof of insurance to CPCS will be ineligible to receive any new assignments. Further, assignments rejected by CPCS as a consequence of an attorney's failure to meet the insurance requirement will not be tracked by CPCS even if the attorney subsequently complies.

If you have any questions regarding the requirements for maintaining professional liability insurance, please contact attys@publiccounsel.com. Thank you again for your extraordinary work on behalf of children and indigent persons in the Commonwealth.

☒ *Please click the box to acknowledge that you have reviewed and understand the above notice; then proceed to upload your proof of insurance:

*INSURANCE EXPIRATION DATE:

12/31/2024

*LIABILITY INSURANCE UPLOAD :

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Doc.pdf
28.85 KB

PREVIOUS

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

SAVE & CLOSE

Expertise

☒ *Please click the box to acknowledge that you have reviewed and understand the above notice; then proceed to upload your proof of insurance:

*INSURANCE EXPIRATION DATE

12/31/2024

MM/DD/YYYY

Attached Files

*LIABILITY INSURANCE UPLOAD :

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Doc.pdf
28.85 KB

REMOVE



Committee for Public Counsel Services
Defending the People of Massachusetts

DASHBOARD | LOG OUT

ATTORNEY

Submit Your Application

Review and Submit

Please review your application data and click edit to make changes if necessary.

BUSINESS INFO

I am applying as a Business Entity: Yes
First Name: Jason
Last Name: Smith
M.I.: A
Company Name: Jason Smith
Preferred Phone (Office, Cell, Home): (212) 123-4567
Email: sf.jasonsmithmacpsa@arbolainc.com
Mailing Address: 1 Main Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 12345
Fax: 222-333-4444

ADDITIONAL BUSINESS INFORMATION

DSC #: 123456
Admitted to the Massachusetts Bar: 01/01/2020
Language(s): Spanish
Spanish: Proficient

PANEL SELECTION

District Court: Yes

PANEL DETAILS

District Court
Bar Advocacy Programs in which you are a member: Bristol County Bar Advocates, Inc.
Courties in which you accept assignments for this panel: Bristol, Essex
Expiration Date(s) of Bar Advocacy Program Contract(s): 12/31/2024
When did you first become a member of the panel: 01/01/2020

BILLING AND PAYMENT

Bill Document Confirmation: Yes
Mother's Maiden Name: Johnson

INSURANCE INFORMATION

Confirmation: Yes
Insurance Expiration Date: 12/31/2024
Liability Insurance Upload: Sample Doc.pdf

*VENDOR SIGNATURE

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE



Clear Generate Signature Save

*PRINTED NAME OF ATTORNEY

Jason Smith

PREVIOUS

SUBMIT

SAVE & CLOSE



SECURE

SSL ENCRYPTION

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

*VENDOR SIGNATURE

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE

Jason Smith

Clear

Generate Signature

Save

*PRINTED NAME OF ATTORNEY

Jason Smith

121

Private Investigator

Account &
Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

*FIRST NAME
Michael

M.I.

*LAST NAME
Smith

*PHONE NUMBER
(555) 555-5555

*EMAIL
sf+michaelsmith1@arbola-inc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER

*required fields

Already registered? [Login](#)

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Login username
and password

Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:

☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
Michael

*LAST NAME
Smith

*COMPANY NAME / BUSINESS NAME
Michael Smith

*MAILING ADDRESS
123 Washington St

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX
555-555-5555

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

BUSINESS INFORMATION

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

Expertise

Languages



Committee for Public Counsel Services

Serving the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 13 DIGITS BELOW (INCLUDING THE ZERO(S))

VC00000000000

RESIDENT MANAGER FIRST NAME AS STATED ON PI LICENSE

ONLY ENTER A RESIDENT MANAGER NAME IF DIFFERENT FROM APPLICANT

RESIDENT MANAGER M.I.

RESIDENT MANAGER LAST NAME AS STATED ON PI LICENSE

ONLY ENTER A RESIDENT MANAGER NAME IF DIFFERENT FROM APPLICANT

DOES ANYONE PERFORM INVESTIGATIONS OTHER THAN THE RESIDENT MANAGER NAMED ABOVE?

☐ YES
 ☒ NO

*LAST 4 OF SOCIAL SECURITY NUMBER / INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER

0123

APPLICANT YEAR OF BIRTH

1973

WEBSITE

www.samplewebsite.com

*ARE YOU A STATE EMPLOYEE?

☒ YES
 ☐ NO

*ARE YOU A KEY EMPLOYEE UNDER STATE CONTRACT?

☒ YES
 ☐ NO

*DO YOU CURRENTLY PROVIDE SERVICES TO THE COMMONWEALTH?

☒ YES
 ☐ NO

LANGUAGE(S)

English X

SPANISH

FLUENCY: READING, WRITING, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

Proficient

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

SECURE

SSL ENCRYPTION

EXPERT

Submit Your Application

State Employee

Since you acknowledged on the previous screen that you are either a State Employee or a Key Employee under a State Contract you must complete the following disclosure information as required by 30 CMR 6.06(2) or c.268A s. 7(2). Any questions should be addressed to the State Ethics Commission. I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.

*TITLE / POSITION

Sample Title

*AGENCY

Attorney General's Office

*AGENCY STREET ADDRESS

123 Sample Street

*AGENCY EMAIL ADDRESS

sf+sample.agency@arbola-inc.com

*AGENCY APPOINTING AUTHORITY NAME

Sample Agency

*APPOINTING AUTHORITY TITLE

Sample Title

*APPOINTING AUTHORITY EMAIL ADDRESS

sf+sample.agency@arbola-inc.com

*APPOINTING AUTHORITY PHONE NUMBER

(555) 555-5555

*DESCRIBE THE NATURE OF THE REPRESENTATION OR SERVICES YOU EXPECT TO PROVIDE TO OR FOR CPCS.

Enter Text Here.

*WHO WILL PAY YOU FOR YOUR SERVICES?

CPCS or an attorney or personnel assigned by CPCS

*WHAT IS YOUR FINANCIAL INTEREST IN PROVIDING THESE SERVICES? PLEASE INCLUDE BOTH OBLIGATIONS AND COMPENSATION, ETC.

Enter Text Here.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



- BUSINESS INFORMATION
- STATE EMPLOYEE
- SERVICE OFFERING
- CREDENTIALS
- PROFESSIONAL LICENSE
- PROFESSIONAL CERTIFICATION
- BILLING AND PAYMENT
- ACKNOWLEDGEMENTS
- REVIEW AND SUBMIT

Expertise

Expertise

Attached Files

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT **Submit Your Application**

Service Offering

*DO YOU HAVE AN ALLOWED MOTION FOR FUNDS?

☒ YES
☐ NO

Although not needed in itself for vendor application, this will be required to bill for your services.

*PLEASE, PROVIDE DOCUMENTATION:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

SECURE UPLOAD 

Max file size - 10MB

*REQUESTED HOURLY RATE

PRIVATE HOURLY RATE

Certain vendors may bill for travel time and expenses. Please refer to the [Vendor Billing Manual](#) for the vendor types and current reimbursement rates.

PREVIOUS **SAVE & CONTINUE** **SAVE & CLOSE**

 **SECURE**
SSL ENCRYPTION

✓ BUSINESS INFORMATION

✓ STATE EMPLOYEE

○ SERVICE OFFERING

○ CREDENTIALS

○ PROFESSIONAL LICENSE

○ PROFESSIONAL CERTIFICATION

○ BILLING AND PAYMENT

○ ACKNOWLEDGEMENTS

○ REVIEW AND SUBMIT

*PLEASE, PROVIDE DOCUMENTATION:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf **REMOVE** 

28.64 KB

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT **Submit Your Application**

Credentials

Please submit as much information and documentation to help validate your experience and expertise in the applied area. This will help match your skills to the needs of our clients.

*DEGREE(S) HELD

*DO YOU HAVE A PROFESSIONAL LICENSE?

☒ YES
☐ NO

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.

PREVIOUS **SAVE & CONTINUE** **SAVE & CLOSE**

 **SECURE**
SSL ENCRYPTION

✓ BUSINESS INFORMATION

✓ SERVICE OFFERING

○ CREDENTIALS

○ PROFESSIONAL LICENSE

○ PROFESSIONAL CERTIFICATION

○ BILLING AND PAYMENT

○ ACKNOWLEDGEMENTS

○ REVIEW AND SUBMIT

EXPERT

Submit Your Application

License

Since you indicated you have professional licenses, please fill in the details below.

LICENSE #1

CLEAR

*LICENSE TYPE

Sample License Type

*LICENSING AGENCY

MA Office of Public Safety and Inspections

*LICENSE NUMBER

012345

*EXPIRATION DATE

01/07/2030

MM/DD/YYYY

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE:

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

ADD LICENSE

+

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

SECURE
SSL ENCRYPTION

- ✓ BUSINESS INFORMATION
- ✓ STATE EMPLOYEE
- ✓ SERVICE OFFERING
- ✓ CREDENTIALS
- PROFESSIONAL LICENSE
- PROFESSIONAL CERTIFICATION
- BILLING AND PAYMENT
- ACKNOWLEDGEMENTS
- REVIEW AND SUBMIT

Licenses

Attached Files

EXPERT

Submit Your Application

Professional Certification

*DO YOU HAVE ANY PROFESSIONAL CERTIFICATIONS?

- ☒ YES
☐ NO

*PLEASE LIST YOUR PROFESSIONAL CERTIFICATION(S)

Enter Certifications Here.

PLEASE UPLOAD CV/RESUME HERE:

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf 28.64 KB REMOVE

PLEASE UPLOAD COPY OF TRANSCRIPT/DIPLOMA HERE:

If your degree confirms your diploma, you do not have to upload transcripts/diploma here.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf 28.64 KB REMOVE

- ☒ BUSINESS INFORMATION
- ☒ STATE EMPLOYEE
- ☒ SERVICE OFFERING
- ☒ CREDENTIALS
- ☒ PROFESSIONAL LICENSE
- ☐ PROFESSIONAL CERTIFICATION
- ☐ BILLING AND PAYMENT
- ☐ ACKNOWLEDGEMENTS
- ☐ REVIEW AND SUBMIT

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



Expertise

EXPERT Submit Your Application

Billing and Payment

Owner/Principal Employee Form

In order to activate your Vbill account, CPCS must, in the first instance, enter the owner or principal employee's information. Once entered, you may sign into Vbill and select the Vbill Manage Employees page where you can add additional employees/contractors to your Vbill account.

*COMPANY NAME / VENDOR NAME

Michael Smith

*OWNER'S FULL LEGAL NAME

Michael Smith

DATE THE COMPANY BEGAN OPERATION

05/11/2009

NOTE: IF THE OWNER DOES NOT DIRECTLY PROVIDE SERVICES TO CPCS CLIENTS PLEASE ENTER THE DATE THE PRINCIPAL EMPLOYEE WAS HIRED.

*OWNER/PRINCIPAL EMPLOYEE'S YEAR OF BIRTH

1973

*OWNER/PRINCIPAL EMPLOYEE'S LAST 4 OF SOCIAL SECURITY NUMBER

1234

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) Vbill System, through my individual password, I am applying for and agree to abide by the terms and conditions of this agreement, as set forth below and as may be amended from time to time by CPCS:

- ☒ *The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the Vbill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach.
- ☒ *I have reviewed the Court Cost Vendor Manual and Vbill Manual as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.
- ☒ *I agree that by submitting the electronic Vbill or signing the printed Vbill form, I am entering under the pains and penalties of perjury that the services were rendered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended.
- ☒ *I agree to maintain a copy of the Vbill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.
- ☒ *I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request.

PREVIOUS

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

SAVE & CLOSE

Expertise

Expertise

EXPERT Submit Your Application

Acknowledgements

- ☒ *I acknowledge my ongoing duty to the Committee for Public Counsel Services to report to the Audit and Oversight Department all information regarding complaints of any kind made to any licensing authority or agency within 3 days of my knowledge thereof and I (select one below)
 - ☐ *I employ or contract others to provide investigative services to indigent persons and that I have complied with the mandates of G.L. c. 147A, 28 and performed a review of the background of each person(s) and to the best of my knowledge, no such person has been convicted of a felony nor is he or she otherwise ineligible to perform investigations. Further, I certify that the names of all employees/contractors providing services to CPCS clients are included in my Vbill account and I have reviewed and confirmed the accuracy of the information provided to CPCS and provided them.
 - ☒ *I do not employ, contract or otherwise utilize the services of any persons or entities to provide investigative services to indigent persons.
- ☒ *My services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth.
- ☒ *I have received and reviewed the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein.
- ☒ *I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.auditorcounsel.state.ma.us and as stated in the CPCS Court Cost Vendor Manual.
- ☒ *I agree that being approved for payment purposes as a vendor is not a guarantee of work.
- ☒ *I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief.

PREVIOUS

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

SAVE & CLOSE

CPCS Commission for Public Counsel Services
Submitting Your Application

Submit Your Application

Review and Submit

Please enter your application data and click **SAVE** when finished. You may return to this page at any time.

BUSINESS INFORMATION

Are you applying as a Business entity? ☐ Yes ☒ No

Business Name: Michael Smith
Company Name: Michael Smith
Business Address: 100 Main Street, Suite 100, Boston, MA 02101
Phone: (617) 555-1234
Email: michael.smith@business.com
Website: www.business.com
Tax ID: 12-3456789

ADDITIONAL BUSINESS INFORMATION

Do you have a business license? ☐ Yes ☒ No

Business License Number: 123456789
Business License State: MA
Business License Expiration Date: 12/31/2024
Business License Type: General Business License
Business License Issued By: State of Massachusetts
Business License Fee: \$100.00
Business License Renewal Date: 12/31/2024
Business License Renewal Fee: \$100.00
Business License Renewal Period: 12 months
Business License Renewal Method: Online
Business License Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

STATE EMPLOYER

Are you currently employed by the State of Massachusetts? ☐ Yes ☒ No

Employer Name: State of Massachusetts
Employer Address: 100 Main Street, Suite 100, Boston, MA 02101
Employer Phone: (617) 555-1234
Employer Email: state@mass.gov
Employer Website: www.mass.gov
Employer Tax ID: 12-3456789
Employer Business License Number: 123456789
Employer Business License State: MA
Employer Business License Expiration Date: 12/31/2024
Employer Business License Type: General Business License
Employer Business License Issued By: State of Massachusetts
Employer Business License Fee: \$100.00
Employer Business License Renewal Date: 12/31/2024
Employer Business License Renewal Fee: \$100.00
Employer Business License Renewal Period: 12 months
Employer Business License Renewal Method: Online
Employer Business License Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

ADDITIONAL EMPLOYER INFORMATION

Do you have any other employment? ☐ Yes ☒ No

Employer Name: State of Massachusetts
Employer Address: 100 Main Street, Suite 100, Boston, MA 02101
Employer Phone: (617) 555-1234
Employer Email: state@mass.gov
Employer Website: www.mass.gov
Employer Tax ID: 12-3456789
Employer Business License Number: 123456789
Employer Business License State: MA
Employer Business License Expiration Date: 12/31/2024
Employer Business License Type: General Business License
Employer Business License Issued By: State of Massachusetts
Employer Business License Fee: \$100.00
Employer Business License Renewal Date: 12/31/2024
Employer Business License Renewal Fee: \$100.00
Employer Business License Renewal Period: 12 months
Employer Business License Renewal Method: Online
Employer Business License Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

PROFESSIONAL INFORMATION

Do you have any professional certification? ☐ Yes ☒ No

Professional Certification: Michael Smith
Professional Certification State: MA
Professional Certification Expiration Date: 12/31/2024
Professional Certification Type: General Professional Certification
Professional Certification Issued By: State of Massachusetts
Professional Certification Fee: \$100.00
Professional Certification Renewal Date: 12/31/2024
Professional Certification Renewal Fee: \$100.00
Professional Certification Renewal Period: 12 months
Professional Certification Renewal Method: Online
Professional Certification Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

BUSINESS AND FINANCIAL

Company Name: Michael Smith
Business Address: 100 Main Street, Suite 100, Boston, MA 02101
Business Phone: (617) 555-1234
Business Email: michael.smith@business.com
Business Website: www.business.com
Business Tax ID: 12-3456789
Business Business License Number: 123456789
Business Business License State: MA
Business Business License Expiration Date: 12/31/2024
Business Business License Type: General Business License
Business Business License Issued By: State of Massachusetts
Business Business License Fee: \$100.00
Business Business License Renewal Date: 12/31/2024
Business Business License Renewal Fee: \$100.00
Business Business License Renewal Period: 12 months
Business Business License Renewal Method: Online
Business Business License Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

ADDITIONAL FINANCIAL INFORMATION

Do you have any other financial information? ☐ Yes ☒ No

Financial Information: Michael Smith
Financial Information State: MA
Financial Information Expiration Date: 12/31/2024
Financial Information Type: General Financial Information
Financial Information Issued By: State of Massachusetts
Financial Information Fee: \$100.00
Financial Information Renewal Date: 12/31/2024
Financial Information Renewal Fee: \$100.00
Financial Information Renewal Period: 12 months
Financial Information Renewal Method: Online
Financial Information Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

ADDITIONAL INFORMATION

Do you have any other information? ☐ Yes ☒ No

Other Information: Michael Smith
Other Information State: MA
Other Information Expiration Date: 12/31/2024
Other Information Type: General Other Information
Other Information Issued By: State of Massachusetts
Other Information Fee: \$100.00
Other Information Renewal Date: 12/31/2024
Other Information Renewal Fee: \$100.00
Other Information Renewal Period: 12 months
Other Information Renewal Method: Online
Other Information Renewal Instructions: Please visit the website of the State of Massachusetts for more information.

SIGNATURE OF APPLICANT

E-SIGN HERE

Michael Smith

PRINTED NAME OF APPLICANT

Michael Smith

PREVIOUS **SAVE & CLOSE**

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

***SIGNATURE OF APPLICANT**

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE

Michael Smith

Clear **Generate Signature** **Save**

***PRINTED NAME OF APPLICANT**

Michael Smith

Behavioral Health Specialist

Account & Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

*FIRST NAME
Allison

M.I.
M

*LAST NAME
Smith

*PHONE NUMBER
(123) 456-7890

*EMAIL
sf+allisonmsmith@arbola-inc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER

*required fields

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Already registered? [Login](#)

Login username and password

Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

Submit Your Application

EXPERT

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:

☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
Allison

*LAST NAME
Smith

*COMPANY NAME / BUSINESS NAME
Allison Smith

*MAILING ADDRESS
123 Washington Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX
555-555-5555

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

BUSINESS INFORMATION

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

Expertise

Languages

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

VC0000000000

WEBSITE

www.samplewebsite.com

*ARE YOU A STATE EMPLOYEE?

☒ YES
☐ NO

*ARE YOU A KEY EMPLOYEE UNDER STATE CONTRACT?

☒ YES
☐ NO

*DO YOU CURRENTLY PROVIDE SERVICES TO THE COMMONWEALTH?

☒ YES
☐ NO

LANGUAGE(S)

SPANISH X

SPANISH

FLUENCY: READING, WRITING, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

Proficient

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation: BUSINESS INFORMATION, STATE EMPLOYEE, SERVICE OFFERING, CREDENTIALS, PROFESSIONAL CERTIFICATION, BILLING AND PAYMENT, ACKNOWLEDGEMENTS, REVIEW AND SUBMIT

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

State Employee

Since you acknowledged on the previous screen that you are either a State Employee or a Key Employee under a State Contract you must complete the following disclosure information as required by 93 CMR 6.00(1) or c. 268A s. 7(2). Any questions should be addressed to the State Ethics Commission. I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and if I am not an elected state employee from my appointing authority in my state position.

TITLE / POSITION

Sample Title

AGENCY

Developmental Disabilities Council

AGENCY STREET ADDRESS

123 Main Street

*AGENCY EMAIL ADDRESS

sf+sample.agency@arbolainc.com

AGENCY APPOINTING AUTHORITY NAME

Sample Agency Name

*APPOINTING AUTHORITY TITLE

Sample Title

APPOINTING AUTHORITY EMAIL ADDRESS

sf+sample.agency@arbolainc.com

*APPOINTING AUTHORITY PHONE NUMBER

(123) 456-7890

DESCRIBE THE NATURE OF THE REPRESENTATION OR SERVICES YOU EXPECT TO PROVIDE TO OR FOR CPCS.

Enter Text Here.

*WHO WILL PAY YOU FOR YOUR SERVICES?

CPCS or an attorney or personnel assigned by CPCS

*WHAT IS YOUR FINANCIAL INTEREST IN PROVIDING THESE SERVICES? PLEASE INCLUDE BOTH OBLIGATIONS AND COMPENSATION, ETC.

Enter Text Here.

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation: BUSINESS INFORMATION, STATE EMPLOYEE, SERVICE OFFERING, CREDENTIALS, PROFESSIONAL CERTIFICATION, BILLING AND PAYMENT, ACKNOWLEDGEMENTS, REVIEW AND SUBMIT

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Service Offering

DO YOU HAVE AN ALLOWED MOTION FOR FUNDS?

☒ YES
☐ NO

Although not needed now for vendor application, this will be required to bill for your services.

***PLEASE, PROVIDE DOCUMENTATION:**
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

SECURE UPLOAD 

Max file size - 10MB

CATEGORY OF SERVICE
Licensed Mental Health Counselor

REQUESTED HOURLY RATE
\$100

PRIVATE HOURLY RATE
\$100

Certain vendors may bill for travel time and expenses. Please refer to the [Vendor Billing Manual](#) for the vendor types and current reimbursement rates.

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Progress Bar:
 BUSINESS INFORMATION
 STATE EMPLOYEE
 SERVICE OFFERING
 CREDENTIALS
 PROFESSIONAL CERTIFICATION
 BILLING AND PAYMENT
 ACKNOWLEDGEMENTS
 REVIEW AND SUBMIT

Expertise

Attached Files

***PLEASE, PROVIDE DOCUMENTATION:**

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE 

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Credentials

Please submit as much information and documentation to help validate your experience and expertise in the applied area. This will help match your skills to the needs of our clients.

DEGREE(S) HELD
DOCTOR OF PSYCHOLOGY

DO YOU HAVE A PROFESSIONAL LICENSE?

☒ YES
☐ NO

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.

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Progress Bar:
 BUSINESS INFORMATION
 STATE EMPLOYEE
 SERVICE OFFERING
 CREDENTIALS
 PROFESSIONAL CERTIFICATION
 BILLING AND PAYMENT
 ACKNOWLEDGEMENTS
 REVIEW AND SUBMIT

Licenses

Attached Files



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Licenses

License

Since you indicated you have professional licenses, please fill in the details below.

LICENSE #1

CLEAR

*LICENSE TYPE

Sample License Type

*LICENSING AGENCY

www.stateof.mass.gov/registration-of-judicial-mental-health-and-human-services-professionals

▼

*LICENSE NUMBER

012345

*EXPIRATION DATE

08/01/2025

MM/DD/YYYY

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE:

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

ADD LICENSE

+

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

SECURE

SSL ENCRYPTION

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL LICENSE

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

133



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Professional Certification

DO YOU HAVE ANY PROFESSIONAL CERTIFICATIONS?

☒ YES
☐ NO

PLEASE LIST YOUR PROFESSIONAL CERTIFICATION(S)

Enter Certifications Here.

PLEASE UPLOAD CERTIFICATION DOCUMENTATION HERE:

ADDITIONAL UPLOAD

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PLEASE UPLOAD CV/RESUME HERE:

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PLEASE UPLOAD COPY OF TRANSCRIPT/DIPLOMA HERE:

If your degree confirms your diploma, you do not have to upload transcripts/diploma here.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL LICENSE

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

Expertise

Attached Files

Expertise



Committee for Public Counsel Services

Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Billing and Payment

Owner/Principal Employee Form

In order to activate your Vbill account, CPCS must, in the first instance, enter the owner or principal employee's information. Once entered, you may sign into Vbill and select the Vbill Manage Employees page where you can add additional employees/contractors to your Vbill account.

*COMPANY NAME / VENDOR NAME

Alison Smith

*OWNER'S FULL LEGAL NAME

Alison Smith

DATE THE COMPANY BEGAN OPERATION

01/06/2020

NOTE: IF THE OWNER DOES NOT DIRECTLY PROVIDE SERVICES TO CPCS CLIENTS IN MASS, ENTER THE DATE THE PRINCIPAL EMPLOYEE WAS HIRED.

*OWNER/PRINCIPAL EMPLOYEE'S YEAR OF BIRTH

1981

*OWNER/PRINCIPAL EMPLOYEE'S LAST 4 OF SOCIAL SECURITY NUMBER

1234

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) Vbill System, through my individual password, I am applying for and agree to abide by the terms and conditions of this agreement, as set forth below and as may be amended from time to time by CPCS:

☒ *The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the Vbill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach.

☒ *I have reviewed the Court Cost Vendor Manual and Vbill Manual as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.

☒ *I agree that by submitting the electronic Vbill or signing the printed Vbill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended.

☒ *I agree to maintain a copy of the Vbill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.

☒ *I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request.

PREVIOUS

SAVE & CONTINUE

SECURE

SSL ENCRYPTION

SAVE & CLOSE

Expertise



Committee for Public Counsel Services

Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Acknowledgements

☒ *Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth.

☒ *I have received and reviewed the [CPCS Court Cost Vendor Manual](#) Policies and Procedures and agree to abide by the policies and procedures herein.

☒ *I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at [www.publiccounsel.net](#) and as stated in the [CPCS Court Cost Vendor Manual](#).

☒ *I agree that being approved for payment purposes as a vendor is not a guarantee of work.

☒ *I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief.

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL LICENSE

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

PREVIOUS

SAVE & CONTINUE

SECURE

SSL ENCRYPTION

SAVE & CLOSE

CPCS Committee for Public Counsel Services
Sharing the Trust of Massachusetts

LOG OUT

EXPERT Submit Your Application

Review and submit
Please review your application data and click edit to make changes if necessary.

BUSINESS INFORMATION

I am applying as a Business Entity: Yes

First Name: Allison

Last Name: Smith

S.U. #:

Company Name: Allison Smith

Preferred Phone (Office, Cell, Home): (123) 456-7890

Email: allison.smith@arbola.com

Mailing Address: 123 Main Street

Mailing City: Boston

Mailing State: MA

Mailing Zip: 02112

Fax: 555-555-5555

ADDITIONAL BUSINESS INFORMATION

Website: www.samplebiz.com

Are you a state employee? Yes

Are you a key employee under state contract? Yes

Do you currently provide services to the Commonwealth? Yes

Language(s): Spanish

Specialty: Professions

STATE EMPLOYEE

Title/Position: Sample Title

Agency: Developmental Disabilities Council

Agency Street Address: 123 Main Street

Agency Email:

Agency Address: sample.agency@arbola.com

Agency Appointing Authority Name: Sample Agency Name

Appointing Authority Title: Sample Title

Appointing Authority Email:

Appointing Authority Address: sample.agency@arbola.com

Appointing Authority Phone Number: (123) 456-7890

Nature of the Representation: Enter Text Here.

Who will pay for the service? CPCS or an attorney or personnel assigned by CPCS

What is your financial interest in providing these services? Enter Text Here.

IMPORTANT

The decision of the Committee for Public Counsel Services (CPCS) to allow a vendor to bid for services in any 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 intent to indicate that a vendor is endorsed by CPCS. Additionally, no state or vendor to hold themselves out as CPCS "endorsed" or "approved" as this may imply that CPCS is vouching for the credentials of the vendor.

SERVICE OFFERING

Do you have an Affidavit for Funded? Yes

Approved Vendor for Funded: Sample Document.pdf

Category of Service: Licensed Mental Health

Contractor:

Requested Hourly Rate: \$100

Private Hourly Rate: \$100

CREDENTIALS

Degrees: PhD Doctor of Psychology

Professional License(s): Yes

PROFESSIONAL LICENSE

LICENSE #1

License Type: Sample License Type

License Agency: MA Board of Registration of Allied Mental Health and Human Services Professions

License Number: 012345

Expiration Date: 06/30/2025

Upload License: Sample Document.pdf

PROFESSIONAL CERTIFICATION

Do you have any professional certification? Yes

If yes, please describe the certification: Enter Certification Here.

Upload Certification: Sample Document.pdf

Upload CV: Sample Document.pdf

Upload Diploma: Sample Document.pdf

BILLING AND PAYMENT

Company Name: Allison Smith

Owner's Full Legal Name: Allison Smith

Date the company began operation: 01/01/2020

Owner/Principal Employee's Year of Birth: 1981

Last of Social Security Number - Individual Taxpayer Identification Number: 1234

The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS listed employees. I agree that I have responsibility for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so, and notify CPCS immediately of any suspected security breach. Yes

I have reviewed the Court Cost Vendor Manual and to the best of my knowledge and belief, I agree to abide by the policies, terms and conditions contained therein. Yes

I agree that by submitting the electronic bill or signing the printed bill form, I am warranting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended. Yes

I agree to maintain a copy of the bill, and all attachments, supporting records, case documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years. Yes

I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request. Yes

ACKNOWLEDGEMENTS

Any service(s) provided are as an independent contractor and not an employee of CPCS or the Commonwealth. Yes

I have received and reviewed the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein. Yes

I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.arbola.com and as listed in the CPCS Court Cost Vendor Manual. Yes

I agree that being approved for payment purposes as a vendor is not a guarantee of work. Yes

I hereby verify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief. Yes

***SIGNATURE OF APPLICANT**
Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE

Allison Smith

Clear Generate Signature Save

***PRINTED NAME OF APPLICANT**

Allison Smith

PREVIOUS SUBMIT SAVE & CLOSE

SECURE DELIVERY

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

Medical Specialist

Account &
Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

*FIRST NAME
jane

M.I.
A

*LAST NAME
Smith

*PHONE NUMBER
(123) 456-7890

*EMAIL
sf+janesmith@arbola-inc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER
*required fields

Already registered? [Login](#)

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Login username
and password

Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:

☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
jane

*LAST NAME
smith

*COMPANY NAME / BUSINESS NAME
Jane Smith

*MAILING ADDRESS
123 Washington Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX
555-555-5555

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

Business Information Progress:

- BUSINESS INFORMATION
- SERVICE OFFERING
- CREDENTIALS
- PROFESSIONAL CERTIFICATION
- BILLING AND PAYMENT
- ACKNOWLEDGEMENTS
- REVIEW AND SUBMIT

Expertise



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

WEBSITE

*ARE YOU A STATE EMPLOYEE?

☒ YES

☐ NO

*ARE YOU A KEY EMPLOYEE UNDER STATE CONTRACT?

☒ YES

☐ NO

*DO YOU CURRENTLY PROVIDE SERVICES TO THE COMMONWEALTH?

☒ YES

☐ NO

LANGUAGE(S)

SPANISH X

SPANISH

FLUENCY: READING/Writing, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

Proficient

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

SECURE

SSL ENCRYPTION



Committee for Public Counsel Services

Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

State Employee

Since you acknowledged on the previous screen that you are either a State Employee or a Key Employee under a State Contract, you must complete the following disclosure information as required by 30 CMR 6.06(c) or c.268A s. 7(2). Any questions should be addressed to the State Ethics Commission. I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.

TITLE / POSITION

Sample Title

AGENCY

Chief Medical Examiner

AGENCY STREET ADDRESS

1 Main Street

AGENCY EMAIL ADDRESS

sf-sampleagency@arbolainc.com

AGENCY APPOINTING AUTHORITY NAME

Sample Agency

APPOINTING AUTHORITY TITLE

Sample Title

APPOINTING AUTHORITY EMAIL ADDRESS

sf-sampleagency@arbolainc.com

APPOINTING AUTHORITY PHONE NUMBER

(555) 555-5555

DESCRIBE THE NATURE OF THE REPRESENTATION OR SERVICES YOU EXPECT TO PROVIDE TO OR FOR CPCS

Enter Text Here.

WHO WILL PAY YOU FOR YOUR SERVICES?

CPCS or an attorney or personnel assigned by CPCS

WHAT IS YOUR FINANCIAL INTEREST IN PROVIDING THESE SERVICES? PLEASE INCLUDE BOTH OBLIGATIONS AND COMPENSATION, ETC.

Enter Text Here.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGMENTS

REVIEW AND SUBMIT

SECURE

SSL ENCRYPTION

Expertise

Expertise

Attached Files


 Committee for Public Counsel Services
 Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Service Offering

DO YOU HAVE AN ALLOWED MOTION FOR FUNDS?

☒ YES
☐ NO

Although not needed from vendor application, this will be required to bill for your services.

***PLEASE, PROVIDE DOCUMENTATION:**
 All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

SECURE UPLOAD 

Max file size - 10MB

CATEGORY OF SERVICE

Medical Doctor

REQUESTED HOURLY RATE

\$150

PRIVATE HOURLY RATE

\$150

Certain vendors may bill for travel time and expenses. Please refer to the [Vendor Billing Manual](#) for the vendor types and current reimbursement rates.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



***PLEASE, PROVIDE DOCUMENTATION:**
 All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
 28.64 KB

REMOVE 


 Committee for Public Counsel Services
 Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Credentials

Please submit as much information and documentation to help validate your experience and expertise in the applied area. This will help match your skills to the needs of our clients.

DEGREE(S) HELD

DOCTOR OF MEDICINE / OSTEOPATHIC MEDICINE

DO YOU HAVE A PROFESSIONAL LICENSE?

☒ YES
☐ NO

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.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL LICENSE

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

140

License



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

License

Since you indicated you have professional licenses, please fill in the details below.

LICENSE #1

CLEAR

*LICENSE TYPE

Sample License Type

*LICENSING AGENCY

MA Board of Registration in Medicine (BORIM)

*LICENSE NUMBER

012345

*EXPIRATION DATE

01/02/2045

MM/DD/YYYY

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE:

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

ADD LICENSE

+

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

SECURE

SSL ENCRYPTION

BUSINESS INFORMATION

STATE EMPLOYEE

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL LICENSE

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

Expertise

Attached Files

EXPERT

Submit Your Application

Professional Certification

DO YOU HAVE ANY PROFESSIONAL CERTIFICATIONS?

☒ YES
☐ NO

PLEASE LIST YOUR PROFESSIONAL CERTIFICATION(S)

Enter Certifications Here.

PLEASE UPLOAD CERTIFICATION DOCUMENTATION HERE:

ADDITIONAL UPLOAD

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PLEASE UPLOAD CV/RESUME HERE:

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PLEASE UPLOAD COPY OF TRANSCRIPT/DIPLOMA HERE:

If your degree confirms your diploma, you do not have to upload transcripts/diploma here.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf

28.64 KB

REMOVE

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE

SECURE

SSL ENCRYPTION



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Billing and Payment

Owner/Principal Employee Form

In order to activate your Vbill account, CPCS must, in the first instance, enter the owner or principal employee's information. Once entered, you may sign into Vbill and select the Vbill Manage Employees page where you can add additional employees/contractors to your Vbill account.

✓ BUSINESS INFORMATION

✓ STATE EMPLOYEE

✓ SERVICE OFFERING

✓ CREDENTIALS

✓ PROFESSIONAL LICENSE

✓ PROFESSIONAL CERTIFICATION

✓ BILLING AND PAYMENT

○ ACKNOWLEDGEMENTS

○ REVIEW AND SUBMIT

*COMPANY NAME / VENDOR NAME

Jane Smith

*OWNER'S FULL LEGAL NAME

Jane Smith

DATE THE COMPANY BEGAN OPERATION

01/04/2017

NOTE: IF THE OWNER DOES NOT DIRECTLY PROVIDE SERVICES TO CPCS CLIENTS PLEASE ENTER THE DATE THE PRINCIPAL EMPLOYEE WAS HIRED.

*OWNER/PRINCIPAL EMPLOYEE'S YEAR OF BIRTH

1981

*OWNER/PRINCIPAL EMPLOYEE'S LAST 4 OF SOCIAL SECURITY NUMBER

1234

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) Vbill System, through my individual password, I am applying for and agree to abide by the terms and conditions of this agreement, as set forth below and as may be amended from time to time by CPCS:

- *The Password assigned to me will be used exclusively by me for CPCS billing for services provided to me, or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the Vbill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach.
- *I have reviewed the Court Cost Vendor Manual and V Bill Manual as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.
- *I agree that by submitting the electronic Vbill or signing the printed Vbill form, I am assenting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended.
- *I agree to maintain a copy of the Vbill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.
- *I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request.

PREVIOUS

SAVE & CONTINUE



SECURE

SSL ENCRYPTION

SAVE & CLOSE

Expertise

Expertise



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT

Submit Your Application

Acknowledgements

- *Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth.
- *I have received and reviewed the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein.
- *I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.publiccounsel.net and as stated in the CPCS Court Cost Vendor Manual.
- *I agree that being approved for payment purposes as a vendor is not a guarantee of work.
- *I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief.

✓ BUSINESS INFORMATION

✓ STATE EMPLOYEE

✓ SERVICE OFFERING

✓ CREDENTIALS

✓ PROFESSIONAL LICENSE

✓ PROFESSIONAL CERTIFICATION

✓ BILLING AND PAYMENT

○ ACKNOWLEDGEMENTS

○ REVIEW AND SUBMIT

PREVIOUS

SAVE & CONTINUE



SECURE

SSL ENCRYPTION

SAVE & CLOSE

143

CPCS Committee for Public Counsel Services
Joining the People of Massachusetts

LOG OUT

EXPERT **Submit Your Application**

Review and submit
Please review your application data and click edit to make changes if necessary.

BUSINESS INFORMATION **EDIT**

I am applying as a Business Entity: Yes
First Name: Jane
Last Name: Smith
M.I.: A
Company Name: Jane Smith
Preferred Phone (Office, Cell, Home): (335) 455-7899
Email: jsmith@arbola.com
Mailing Address: 123 Washington Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 02112
Fax: 555-555-5555

ADDITIONAL BUSINESS INFORMATION **EDIT**

Website: www.completestate.com
Are you state employed? Yes
Are you a lay employee under state contract? Yes
Do you currently provide services to the Commonwealth? Yes
Languages: Spanish
Specialty: Real Estate

STATE EMPLOYEE **EDIT**

Position: Sample Title
Agency: Chief Medical Examiner
Agency Street Address: 1 Main Street
Agency Email: jsmith@arbola.com
Agency Appointing Authority Name: Sample Agency
Appointing Authority Title: Sample Title
Appointing Authority Email: jsmith@arbola.com
Appointing Authority Phone Number: (555) 555-5555
Nature of the Fee: Reasonable. Enter Text Here.
Who will pay for the services? CPCS or an attorney or person designated by CPCS
Enter a year financial interest in providing the services? Enter Text Here.

SERVICE OFFERING **EDIT**

Do you have an Allowed Motion for Funds? Yes
Allowed Motion for Funds: Sample Document.pdf
Category of Service: Medical Doctor
Requested Hourly Fee: \$150
Private Hourly Fee: \$150

CREDENTIALS **EDIT**

Degrees Held: Doctor of Medicine / Osteopathic Medicine
Professional Licenses: Yes

PROFESSIONAL LICENSE **EDIT**

License #:
License Type: Sample License Type
License Agency: MA Board of Registration in Medicine (BOMM)
License Number: 012345
Expiration Date: 01/01/2045
Uploaded License: Sample Document.pdf

PROFESSIONAL CERTIFICATION **EDIT**

Do you have any professional certifications? Yes
If yes, please describe the certification(s). Enter Certification Here.
Upload Certification: Sample Document.pdf
Upload CV: Sample Document.pdf
Upload Diploma: Sample Document.pdf

BILLING AND PAYMENT **EDIT**

Company Name: Jane Smith
Owner's Full Legal Name: Jane Smith
Does the company begin operation: 01/04/2017
Quarterly Employer's Year of Entry: 1980
Last 4 of Social Security Number / Individual Taxpayer Identification Number: 1234
The Payment designated to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS used employees. I agree that I have accepted the security system in place to prevent unauthorized access to the iBIS system and shall be solely responsible for safeguarding the confidentiality of my payment and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach. Yes
I have reviewed the Court Cost Vendor Manual and iBIS Manual and may be accessed from time to time and agree to abide by the policies, terms and conditions contained therein. Yes
I agree that by submitting the electronic bill or signing the printed bill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended. Yes
I agree to maintain a copy of the bill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years. Yes
I agree to produce any requested documentation to CPCS or bring records to the State Auditor immediately upon request. Yes

ACKNOWLEDGMENTS **EDIT**

Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth. Yes
I have reviewed and received the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein. Yes
I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.psc.state.ma.us and as stated in the CPCS Court Cost Vendor Manual. Yes
I agree that being approved for payment purposes as a vendor is not a guarantee of payment. Yes
I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief. Yes

SIGNATURE OF APPLICANT
Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE ☒

Jane Smith

Clear **Generate Signature** **Save**

PRINTED NAME OF APPLICANT
Jane Smith

PREVIOUS **SUBMIT** **SAVE & CLOSE**

SECURE
SSL ENCRYPTION

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

*SIGNATURE OF APPLICANT

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE ☒

Jane Smith

Clear

Generate Signature

Save

*PRINTED NAME OF APPLICANT

Jane Smith

All Other Experts

Account & Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

*FIRST NAME
John

M.I.
S

*LAST NAME
McGee

*PHONE NUMBER
(123) 456-7890

*EMAIL
sf+johnmcgee@arbola.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER
*required fields

Already registered? [Login](#)

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Login username and password

Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:
☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
John

*LAST NAME
McGee

*COMPANY NAME / BUSINESS NAME
John McGee

*MAILING ADDRESS
123 Washington Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX
555-555-5555

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

Business Information Progress:

- BUSINESS INFORMATION
- SERVICE OFFERING
- CREDENTIALS
- PROFESSIONAL CERTIFICATION
- BILLING AND PAYMENT
- ACKNOWLEDGEMENTS
- REVIEW AND SUBMIT

Expertise

Languages

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

VC0000000000

WEBSITE

www.samplewebsite.com

*ARE YOU A STATE EMPLOYEE?

☒ YES
☐ NO

*ARE YOU A KEY EMPLOYEE UNDER STATE CONTRACT?

☒ YES
☐ NO

*DO YOU CURRENTLY PROVIDE SERVICES TO THE COMMONWEALTH?

☒ YES
☐ NO

LANGUAGE(S)

SPANISH X

SPANISH

FLUENCY: READING, WRITING, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

Proficient

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation: BUSINESS INFORMATION, STATE EMPLOYEE, SERVICE OFFERING, CREDENTIALS, PROFESSIONAL CERTIFICATION, BILLING AND PAYMENT, ACKNOWLEDGEMENTS, REVIEW AND SUBMIT

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

State Employee

Since you acknowledged on the previous screen that you are either a State Employee or a Key Employee under a State Contract you must complete the following disclosure information as required by 20 CMR 6.00(4) or c.268A s. 7(2). All questions should be addressed to the State Ethics Commission. I am a state employee. The Committee for Public Counsel Services (CPCS) provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and if I am not an elected state employee from my appointing authority in my state position.

TITLE / POSITION

Sample Title

AGENCY

Executive Office of Technology Services & Security

AGENCY STREET ADDRESS

1 Main Street

AGENCY EMAIL ADDRESS

st+sampleagency@arbolainc.com

AGENCY APPOINTING AUTHORITY NAME

Sample Agency

APPOINTING AUTHORITY TITLE

Sample Title

APPOINTING AUTHORITY EMAIL ADDRESS

st+sampleagency@arbolainc.com

APPOINTING AUTHORITY PHONE NUMBER

(555) 555-5555

DESCRIBE THE NATURE OF THE REPRESENTATION OR SERVICES YOU EXPECT TO PROVIDE TO OR FOR CPCS

Enter Text Here.

WHO WILL PAY FOR YOUR SERVICES?

CPCS or an attorney or personnel assigned by CPCS

WHAT IS YOUR FINANCIAL INTEREST IN PROVIDING THESE SERVICES? PLEASE INCLUDE BOTH OBLIGATIONS AND COMPENSATION, ETC.

Enter Text Here.

PREVIOUS SAVE & CONTINUE SAVE & CLOSE

SECURE
SSL ENCRYPTION

Navigation: BUSINESS INFORMATION, STATE EMPLOYEE, SERVICE OFFERING, CREDENTIALS, PROFESSIONAL CERTIFICATION, BILLING AND PAYMENT, ACKNOWLEDGEMENTS, REVIEW AND SUBMIT

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT Submit Your Application

Service Offering

*DO YOU HAVE AN ALLOWED MOTION FOR FUNDS?

☒ YES
☐ NO

Although not needed now for vendor application, this will be required to bill for your services.

***PLEASE, PROVIDE DOCUMENTATION:**
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

SECURE UPLOAD 

Max file size - 10MB

***CATEGORY OF SERVICE**
Audio / Video Forensics

***REQUESTED HOURLY RATE**
\$75.00

PRIVATE HOURLY RATE
\$75.00

Certain vendors may bill for travel time and expenses. Please refer to the [Vendor Billing Manual](#) for the vendor types and current reimbursement rates.

Navigation:
 BUSINESS INFORMATION
 STATE EMPLOYEE
 SERVICE OFFERING
 CREDENTIALS
 PROFESSIONAL CERTIFICATION
 BILLING AND PAYMENT
 ACKNOWLEDGEMENTS
 REVIEW AND SUBMIT

Buttons:
 PREVIOUS
 SAVE & CONTINUE
 SAVE & CLOSE

SECURE
SSL ENCRYPTION

Attached Files

*PLEASE, PROVIDE DOCUMENTATION:

All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.

Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE 

Expertise



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT
Submit Your Application

Credentials

Please submit as much information and documentation to help validate your experience and expertise in the applied area. This will help match your skills to the needs of our clients.

*DEGREE(S) HELD

BACHELOR OF SCIENCE

MASTER OF ART / SCIENCE

DO YOU HAVE A PROFESSIONAL LICENSE?

☒ YES
☐ NO

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.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE


SECURE
SSL ENCRYPTION

☒

BUSINESS INFORMATION

☒

STATE EMPLOYEE

☒

SERVICE OFFERING

☒

CREDENTIALS

☐

PROFESSIONAL LICENSE

☐

PROFESSIONAL CERTIFICATION

☐

BILLING AND PAYMENT

☐

ACKNOWLEDGEMENTS

☐

REVIEW AND SUBMIT

Licenses



Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

EXPERT
Submit Your Application

License

Since you indicated you have professional licenses, please fill in the details below.

LICENSE #s CLEAR

*LICENSE TYPE
Sample License Type

*LICENSING AGENCY
Other

OTHER AGENCY
Sample Agency

*LICENSE NUMBER
123456

*EXPIRATION DATE
04/19/2030

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE.
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.
Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

ADD LICENSE

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE


SECURE
SSL ENCRYPTION

☐

BUSINESS INFORMATION

☐

STATE EMPLOYEE

☐

SERVICE OFFERING

☐

CREDENTIALS

☐

PROFESSIONAL LICENSE

☒

LICENSE

☐

PROFESSIONAL CERTIFICATION

☐

BILLING AND PAYMENT

☐

ACKNOWLEDGEMENTS

☐

REVIEW AND SUBMIT

Expertise

CPCS Committee for Public Counsel Services [LOG OUT](#)

Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

[LOG OUT](#)149

CPCS Committee for Public Counsel Services
Joining the Power of Professionals

LOG OUT

EXPERT Submit Your Application

Review and submit
Please review your application data and click edit to make changes if necessary.

BUSINESS INFORMATION (Edit)

I am applying as a Business Entry: Yes
First Name: John
Last Name: McGee
M.I.:
Company Name: John McGee
Preferred Phone (Office, Cell, Home): (727) 458-7889
Email: johnmcgee@arbola.com
Mailing Address: 123 Washington Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 02112
Fax: 555-555-5555

ADDITIONAL BUSINESS INFORMATION (Edit)

Website: www.johnmcgee.com
Are you a state employee? Yes
Are you a key employee under state contract? Yes
Do you currently provide services to the Commonwealth? Yes
Languages: Spanish
Spanish Proficiency:

STATE EMPLOYEE (Edit)

Trade/Union: Sample Title
Agency: Executive Office of Technology Services & Security
Agency Street Address: 1 Main Street
Agency Email:
Address: johnmcgee@arbola.com
Agency Reporting Authority Name: Sample Agency
Appointing Authority Title: Sample Title
Appointing Authority Email:
Address: johnmcgee@arbola.com
Appointing Authority Phone Number: (555) 555-5555
Nature of the Representation: Enter Text Here.
Who will pay for the services? CPCS as an attorney or personnel assigned by CPCS.
What is your financial interest in providing these services? Enter Text Here.

IMPORTANT
The decision of the Committee for Public Counsel Services (CPCS) to allow a vendor to bid for services or in any 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 are CPCS-friendly. Additionally, as to any vendors to hold themselves out as CPCS "Certified" or "Approved," as this may imply that CPCS is vouching for the credentials of the vendor.

SERVICE OFFERING (Edit)

Do you have an Award Bidder for Funds? Yes
Award Bidder for Funds: Sample Document.pdf
Category of Service: Audio / Video Forensics
Requested Hourly Rate: \$75.00
Private Hourly Rate: \$75.00

CREDENTIALS (Edit)

Degrees: MS: Bachelor of Science, Master of Art / Science
Professional Licenses: Yes

PROFESSIONAL LICENSE (Edit)

LICENSE #1:
License Type: Sample License Type
License Agency: Other
Other Agency: Sample Agency
License Number: 123456
Expiration Date: 04/15/2020
Upload License: Sample Document.pdf

PROFESSIONAL CERTIFICATION (Edit)

Do you have any professional certification? Yes
If yes, please describe the certification(s): Enter Certifications Here.
Upload Certification: Sample Document.pdf
Upload Certificate: Sample Document.pdf
Upload Diploma: Sample Document.pdf

BILLING AND PAYMENT (Edit)

Company Name: John McGee
Owner's Full Legal Name: John McGee
Date the company began operation: 01/12/2018
Owner-Principal Employer's Year of Birth: 1988
Last 4 of Social Security Number / Individual Taxpayer Identification Number: 8923
The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me or my CPCS lead employees. I agree that I have implemented security systems in place to prevent unauthorized access to the e-Bill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach. Yes
I have reviewed the Court Cost Vendor Manual and in Bill Manual as they are attached from time to time and agree to abide by the policies, terms and conditions contained therein. Yes
I agree that by submitting the electronic bill or signing the printed bill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and enter this in accordance with CPCS billing and accounting policy and the Court Cost Vendor Manual as amended. Yes
I agree to maintain a copy of the bill, and all attachments, supporting records, and all other contemporaneous time records and all other documentation supporting the services provided for a period of 7 years. Yes
I agree to produce any requested documentation to CPCS in writing records to the State Auditor immediately upon request. Yes

ACKNOWLEDGEMENTS (Edit)

Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth. Yes
I have received and reviewed the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein. Yes
I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.psc.state.ma.us and as stated in the CPCS Court Cost Vendor Manual. Yes
I agree that being approved for payment purposes as a vendor is not a guarantee of work. Yes
I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief. Yes

SIGNATURE OF APPLICANT
Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE (Checkmark icon)

John McGee
Clear Generate Signature Save

PRINTED NAME OF APPLICANT
John McGee

PREVIOUS SUBMIT SAVE & CLOSE

SECURE 256 ENCRYPTION

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

*SIGNATURE OF APPLICANT

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE



John McGee

Clear

Generate Signature

Save

*PRINTED NAME OF APPLICANT

John McGee

Transcriber, Interpreter, Copy Shop, Service of Process

Account & Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

*FIRST NAME
Mary

M.I.
A

*LAST NAME
Johnson

*PHONE NUMBER
(555) 555-5555

*EMAIL
sf+mary.a.johnson@arbola-inc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER

*required fields

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Already registered? [Login](#)

Login username and password

Contact

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

TRANSCRIBER, INTERPRETER... Submit Your Application

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:

☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
Mary

*LAST NAME
Johnson

*COMPANY NAME / BUSINESS NAME
Mary Johnson

*MAILING ADDRESS
123 Main Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

BUSINESS INFORMATION

SERVICE OFFERING

CREDENTIALS

PROFESSIONAL CERTIFICATION

BILLING AND PAYMENT

ACKNOWLEDGEMENTS

REVIEW AND SUBMIT

Expertise

Languages



Committee for Public Counsel Services
Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER...
Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

WEBSITE

*ARE YOU A STATE EMPLOYEE?

☒ YES
☐ NO

*ARE YOU A KEY EMPLOYEE UNDER STATE CONTRACT?

☒ YES
☐ NO

LANGUAGE(S)

FRENCH

FLUENCY: READING, WRITING, CONVERSATIONAL, PROFICIENT, FLUENT, NATIVE SPEAKER

- BUSINESS INFORMATION
- STATE EMPLOYEE
- SERVICE OFFERING
- CREDENTIALS
- PROFESSIONAL CERTIFICATION
- BILLING AND PAYMENT
- ACKNOWLEDGEMENTS
- REVIEW AND SUBMIT

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



SECURE
SSL ENCRYPTION

TRANSCRIBER, INTERPRETER...

Submit Your Application

State Employee

Since you acknowledged on the previous screen that you are either a State Employee or a Key Employee under a State Contract you must complete the following disclosure information as required by 30 CMR 6.06(2) or c.268A s. 7(2). Any questions should be addressed to the State Ethics Commission. I am a state employee. The Committee for Public Counsel Services ("CPCS") provides representation and services to persons with regard to various matters in the state courts and assigns attorneys and personnel to work on the matters. In connection with these matters, I expect to provide representation or services to, or on behalf of, such persons, attorneys or personnel. I respectfully request written approval of the arrangement from CPCS and (if I am not an elected state employee) from my appointing authority in my state position.

- ☒ BUSINESS INFORMATION
- ☐ STATE EMPLOYEE
- ☐ SERVICE OFFERING
- ☐ CREDENTIALS
- ☐ PROFESSIONAL CERTIFICATION
- ☐ BILLING AND PAYMENT
- ☐ ACKNOWLEDGEMENTS
- ☐ REVIEW AND SUBMIT

Expertise

*TITLE / POSITION

Sample Title

*AGENCY

Executive Office for Administration and Finance

*AGENCY STREET ADDRESS

1 Main Street

*AGENCY EMAIL ADDRESS

sf+sampleagency@arbolainc.com

*AGENCY APPOINTING AUTHORITY NAME

Sample Agency

*APPOINTING AUTHORITY TITLE

Sample Title

*APPOINTING AUTHORITY EMAIL ADDRESS

sf+sampleagency@arbolainc.com

*APPOINTING AUTHORITY PHONE NUMBER

(555) 555-5550

*DESCRIBE THE NATURE OF THE REPRESENTATION OR SERVICES YOU EXPECT TO PROVIDE TO OR FOR CPCS.

Enter Text Here.

*WHO WILL PAY YOU FOR YOUR SERVICES?

CPCS or an attorney or personnel assigned by CPCS

*WHAT IS YOUR FINANCIAL INTEREST IN PROVIDING THESE SERVICES? PLEASE INCLUDE BOTH OBLIGATIONS AND COMPENSATION, ETC.

Enter Text Here.

PREVIOUS

SAVE & CONTINUE



SAVE & CLOSE

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

TRANSCRIBER, INTERPRETER... **Submit Your Application**

Service Offering

DO YOU HAVE AN ALLOWED MOTION FOR FUNDS?

☒ YES
☐ NO

Although not needed now for vendor application, this will be required to bill for your services.

PLEASE, PROVIDE DOCUMENTATION:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.
Max file size - 10MB

SECURE UPLOAD

CATEGORY OF SERVICE
Interpreter

REQUESTED HOURLY RATE
\$75.00

PRIVATE HOURLY RATE
\$75.00

Certain vendors may bill for travel time and expenses. Please refer to the [Vendor Billing Manual](#) for the vendor types and current reimbursement rates.

PREVIOUS **SAVE & CONTINUE** **SECURE** SSL ENCRYPTION

SAVE & CLOSE

PLEASE, PROVIDE DOCUMENTATION:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.
Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

Expertise

Attached Files

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER... **Submit Your Application**

Credentials

Please submit as much information and documentation to help validate your experience and expertise in the applied area. This will help match your skills to the needs of our clients.

DEGREE(S) HELD
MASTER IN SOCIAL WORK

DO YOU HAVE A PROFESSIONAL LICENSE? (ABILITY TO ADD MULTIPLE LICENSES)
☒ YES
☐ NO

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.

PREVIOUS **SAVE & CONTINUE** **SECURE** SSL ENCRYPTION

SAVE & CLOSE

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CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER... **Submit Your Application**

License
Since you indicated you have professional licenses, please fill in the details below.

Licence #s CLEAR

*LICENSE TYPE

*LICENSING AGENCY
MA Board of Registration of Social Workers

*LICENSE NUMBER

*EXPIRATION DATE

02/01/2035

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.
Max file size - 10MB

SECURE UPLOAD

ADD LICENSE

PREVIOUS **SAVE & CONTINUE** **SECURE** SSL ENCRYPTION **SAVE & CLOSE**

Licenses

*PLEASE UPLOAD LICENSE DOCUMENTATION HERE:
All file formats are accepted, including PNG, JPEG, HEIC, TIFF, PDF, and DOCX.
Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

Attached Files

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Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER... **Submit Your Application**

Professional Certification
DO YOU HAVE ANY PROFESSIONAL CERTIFICATIONS?
☒ YES
☐ NO

*PLEASE LIST YOUR PROFESSIONAL CERTIFICATION(S)
List Certifications Here.

*PLEASE UPLOAD CERTIFICATION DOCUMENTATION HERE:
Max file size - 10MB

SECURE UPLOAD

PLEASE UPLOAD CV/RESUME HERE:
Max file size - 10MB

SECURE UPLOAD

PLEASE UPLOAD COPY OF TRANSCRIPT/DIPLOMA HERE:
If your degree confirms your diploma, you do not have to upload transcripts/diploma here.
Max file size - 10MB

SECURE UPLOAD

PREVIOUS **SAVE & CONTINUE** **SECURE** SSL ENCRYPTION **SAVE & CLOSE**

Attached Files

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

PLEASE UPLOAD CV/RESUME HERE:
Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

REMOVE

PLEASE UPLOAD COPY OF TRANSCRIPT/DIPLOMA HERE:
If your degree confirms your diploma, you do not have to upload transcripts/diploma here.
Max file size - 10MB

YOUR UPLOADED DOCUMENTS

Sample Document.pdf
28.64 KB

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Expertise



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Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER... Submit Your Application

Billing and Payment

Owner/Principal Employee Form

In order to activate your Vbill account, CPCS must, in the first instance, enter the owner or principal employee's information. Once entered, you may sign into Vbill and select the Vbill Manage Employees page where you can add additional employees/contractors to your Vbill account.

COMPANY NAME / VENDOR NAME

OWNER'S FULL LEGAL NAME

DATE THE COMPANY BEGAN OPERATION

PLEASE NOTE:
 NOTE: IF THE OWNER DOES NOT DIRECTLY PROVIDE SERVICES TO CPCS CLIENTS PLEASE ENTER THE DATE THE PRINCIPAL EMPLOYEE BEGINS.

OWNER/PRINCIPAL EMPLOYEE'S YEAR OF BIRTH

OWNER/PRINCIPAL EMPLOYEE'S LAST 4 OF SOCIAL SECURITY NUMBER

In consideration of the grant of access to the Committee for Public Counsel Services (CPCS) Vbill System, through my individual password, I am applying for and agree to abide by the terms and conditions of this agreement, as set forth below and as may be amended from time to time by CPCS:

- ☒ "The Password assigned to me will be used exclusively by me for CPCS billing for services provided by me, or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the V-Bill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach.
- ☒ "I have reviewed the Court Cost Vendor Manual and V-Bill Manual as may be amended from time to time and agree to abide by the policies, terms and conditions contained therein.
- ☒ "I agree that by submitting the electronic V-bill or signing the printed V-bill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and case files in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended.
- ☒ "I agree to maintain a copy of the V-bill, and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years.
- ☒ "I agree to produce any requested documentation to CPCS or billing records to the State Auditor immediately upon request.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



Expertise



Committee for Public Counsel Services
Defending the People of Massachusetts

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TRANSCRIBER, INTERPRETER... Submit Your Application

Acknowledgements

- ☒ "Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth.
- ☒ "I have received and reviewed the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein.
- ☒ "I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.publiccounsel.net and as listed in the CPCS Court Cost Vendor Manual.
- ☒ "I agree that being approved for payment purposes as a vendor is not a guarantee of work.
- ☒ "I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief.

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



CPCS Committees for Public Counsel Services
Collecting and Submitting Applications

TRANSCRIBER, INTERPRETER... Submit Your Application

Review and submit
Please review your application data and click edit to make changes if necessary.

BUSINESS INFORMATION [Edit](#)

I am applying as a Business Entity: Yes
First Name: Mary
Last Name: Johnson
M.I.: A
Company Name: Mary Johnson
Preferred Phone Office: (Cell Number) (555) 555-5555
Email: mjohnson@arbola.com
Mailing Address: 123 Main Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 02112

ADDITIONAL BUSINESS INFORMATION [Edit](#)

Website: www.sample.com
Are you a state employee? Yes
Are you a key employee under state contract? Yes
Language(s): French
French: Proficient

STATE EMPLOYEE [Edit](#)

Title/Position: Sample Title
Agency: Executive Office for Administration and Finance
Who will pay for the services? CPCS or an attorney or personnel assigned by CPCS
Agency Street Address: 1 Main Street
Agency Email: mjohnson@arbola.com
Agency Appointing Authority Name: Sample Agency
Appointing Authority Title: Sample Title
Appointing Authority Email: mjohnson@arbola.com
Appointing Authority Phone Number: (555) 555-5555
Nature of the Representation: Enter Text Here.
What is your Reciprocal interest in providing these services? Enter Text Here.

SERVICE OFFERING [Edit](#)

Do you have an Allowed Station for Jurors? Yes
Allowed Station for Jurors: Sample Document.pdf
Category of Service: Interpreter
Requested Hourly Rate: \$75.00
Private Hourly Rate: \$75.00

CREDENTIALS [Edit](#)

Degrees Held: Master in Social Work
Professional License(s): Yes

PROFESSIONAL LICENSE [Edit](#)

License Type: Sample License Type
License Agency MA Board of Registration of Social Workers
License Number: 912345
Expiration Date: 02/01/2025
Uploaded License: Sample Document.pdf

PROFESSIONAL CERTIFICATION [Edit](#)

Do you have any professional certifications? Yes
If yes, please describe the certification(s): CMA
Certifications Here:
Upload Certification: Sample Document.pdf
Upload CV: Sample Document.pdf
Upload Diploma: Sample Document.pdf

BILLING AND PAYMENT [Edit](#)

Company Name: Mary Johnson
Owner's Full Legal Name: Mary A. Johnson
Date the company began operation: 11/04/2008
Owner/Principal Employer's Year of Birth: 1979
Last of Social Security Number / Individual Taxpayer Identification Number: 9123
The Reciprocal assigned to me will be used exclusively by me for CPCS billing for services provided by me or my CPCS listed employees. I agree that I have appropriate security systems in place to prevent unauthorized access to the i-Bill system and shall be solely responsible for safeguarding the confidentiality of my password and for any unauthorized access that results from a failure to do so. I will notify CPCS immediately of any suspected security breach: Yes
I have reviewed the Court Cost Vendor Manual and i-Bill Manual and may be amended from time to time and agree to abide by the policies, terms and conditions contained therein: Yes
I agree that by submitting the electronic i-Bill or signing the printed i-Bill form, I am attesting under the pains and penalties of perjury that the services were delivered, that all work was performed as billed, and that I maintain contemporaneous time records and use them in accordance with CPCS billing and recordkeeping policy and the Court Cost Vendor Manual as amended: Yes
I agree to maintain a copy of the i-Bill and all attachments, supporting records, case file documents, contemporaneous time records and all other documentation supporting the services provided for a period of 7 years: Yes
I agree to produce any requested documentation to CPCS or bring records to the State Auditor immediately upon request: Yes

ACKNOWLEDGEMENTS [Edit](#)

Any services I provide are as an independent contractor and not an employee of CPCS or the Commonwealth: Yes
I have reviewed and received the CPCS Court Cost Vendor Manual Policies and Procedures and agree to abide by the policies and procedures herein: Yes
I am subject to and agree to abide by the rules, regulations and procedures of the Committee for Public Counsel Services including those found at www.publiccounsel.net and as stated in the CPCS Court Cost Vendor Manual: Yes
I agree that being approved for payment purposes as a vendor is not a guarantee of work: Yes
I hereby certify under the pains and penalties of perjury that the submitted information is true and accurate to the best of my information and belief: Yes

SIGNATURE OF APPLICANT
Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE [Generate Signature](#) [Save](#)

PRINTED NAME OF APPLICANT
Mary A. Johnson

PREVIOUS **SUBMIT** **SAVE & CLOSE**

SECURE
SSL ENCRYPTION

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

SIGNATURE OF APPLICANT

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE

Mary Johnson

Clear

Generate Signature

Save

PRINTED NAME OF APPLICANT

Mary A. Johnson

Agency Direct Service Vendor

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

CPCS Vendor Application

Create an account to get started.

Account & Contact

*FIRST NAME
James

M.I.

*LAST NAME
Allen

*PHONE NUMBER
(123) 456-7890

*EMAIL
sf+jamesallen@arbola-inc.com

PASSWORD *

YOUR PASSWORD SHOULD BE LONGER THAN 8 CHARACTERS, CONTAIN UPPERCASE AND LOWERCASE LETTERS, AT LEAST ONE NUMBER AND SPECIAL CHARACTER
*required fields

CREATE MY ACCOUNT

You will use this account to:

- Complete your application
- Securely upload documents
- Check the status of your application

Already registered? [Login](#)

Login username and password

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts

LOG OUT

TRADITIONAL Submit Your Application

Business Info

☐ *I'M APPLYING AS AN INDIVIDUAL:
☒ *I'M APPLYING AS A BUSINESS ENTITY:

*FIRST NAME
James

*LAST NAME
Allen

*COMPANY NAME / BUSINESS NAME
James Allen

*MAILING ADDRESS
123 Washington Street

*MAILING CITY
Boston

*MAILING STATE
MA

*MAILING ZIP
02112

FAX
555-555-5555

SAVE & CONTINUE

SECURE
SSL ENCRYPTION

Contact

BUSINESS INFO

SERVICE OFFERING

SUBMIT REVIEW

Expertise

TRADITIONAL
Submit Your Application

Business Info

IF YOU ALREADY HAVE A VENDOR CODE, PLEASE ENTER THE 10 DIGITS BELOW (INCLUDING THE ZEROS)

ARE YOU CURRENTLY STATE VENDOR OR ON A STATE CONTRACT

☒ YES
☐ NO

WEBSITE

BUSINESS INFO

SERVICE OFFERING

SUBMIT REVIEW

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



Expertise

CPCS Committee for Public Counsel Services
Defending the People of Massachusetts
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TRADITIONAL
Submit Your Application

Services

WHAT PRODUCTS OR SERVICES DO YOU WISH TO PROVIDE CPCS?

IF YOU ARE PART OF ANY FEDERAL PURCHASING AGREEMENT COOPERATIVE PURCHASING AGREEMENT, ENTER THAT # BELOW

WHAT OTHER COMMONWEALTH AGENCIES ARE YOU WORKING WITH?

Other

POINT OF CONTACT WITHIN OTHER

IF YOU HAVE ANY CONTRACTING PARTNERS, PLEASE ENTER THEM BELOW

WHAT DO YOU EXPECT THE ANNUAL COST OF SERVICES TO BE?

Please list business references:

Business Reference #s

FIRST NAME

LAST NAME

EMAIL

PHONE NUMBER

ADD REFERENCE

☒ I agree that being approved for payment purposes as a vendor is not a guarantee of work.

The decision of the Committee for Public Counsel Services (CPCS) to allow a vendor to bid for services is not a representation or endorsement of the vendor or its services and is not a "Contract for Public Counsel Services" or the acronym "CPCS" should not be used in any business advertising or correspondence with the business community that a vendor may wish to use. If CPCS is used, it should be used in the context of the CPCS "Contract for Services" or the acronym "CPCS" should not be used in any business advertising or correspondence with the business community that a vendor may wish to use. If CPCS is used, it should be used in the context of the CPCS "Contract for Services" or the acronym "CPCS" should not be used in any business advertising or correspondence with the business community that a vendor may wish to use.

BUSINESS INFO

SERVICE OFFERING

SUBMIT REVIEW

PREVIOUS

SAVE & CONTINUE

SAVE & CLOSE



TRADITIONAL

Submit Your Application

Review and Submit

Please review your application data and click edit to make changes if necessary.

BUSINESS INFO Edit

I am applying as a Business Entity: Yes
First Name: James
Last Name: Allen
Company Name: James Allen
Preferred Phone (Office, Cell, Home): (123) 456-7890
Email: sf-jamesallen@arbolainc.com
Mailing Address: 123 Washington Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 02112
Fax: 555-555-5555

ADDITIONAL BUSINESS INFORMATION Edit

Are you currently state vendor or on a state contract: Yes
Website: www.sampleite.com

SERVICE OFFERING Edit

What products or services do you wish to provide
CPCS: Enter Text Here
Are you a part of any federal purchasing agreement: 0101010
What other Commonwealth Agencies are you working with: Other
Have you any contracting partners: Enter Contracting Partners
What do you expect the annual cost of services to be: \$20,000

BUSINESS REFERENCE #1:

First Name: John
Last Name: Smith
Email: sf-johnsmith@arbolainc.com
Phone: (123) 456-7899

I agree that being approved for payment purposes as a vendor is not a guarantee of work: Yes
Other: Enter Point of Contact

***VENDOR SIGNATURE**

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE ✓
James Allen
Clear Generate Signature Save

***PRINTED NAME OF VENDOR**

James Allen

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. Additionally, at no time are vendors to hold themselves out as CPCS "certified" or "approved," as this may imply that CPCS is vouching for the credentials of the vendor.

PREVIOUS

SUBMIT

SAVE & CLOSE

SECURE
SSL ENCRYPTION

Attached Files
Application-Form
.PDF

Attached Files
Signature- Review
.PDF

***VENDOR SIGNATURE**

Please use mouse to sign below OR click "Generate Signature" to create a signature, then save.

E-SIGN HERE ✓
James Allen
Clear Generate Signature Save

***PRINTED NAME OF VENDOR**

James Allen

Portal Dashboard

Notifications



DASHBOARD | [LOG OUT](#)

Welcome
Jason Smith
1 Main Street Boston, MA

Notification

> Maintenance hours

Sep 21, 2023, 5:55 PM

> In search of the Creole speaking Attorney

Sep 21, 2023, 5:52 PM

> CPCS Vendor Application Received!

Jan 19, 2024, 6:26 AM

Secure Message Center

NEW MESSAGE

No New Messages



CPCS Home

FAQ

Vendor Dashboard

HAVE QUESTIONS?

Contact us: [Send a secure message](#)

Phone: (617) 482-6212

1 CREATE AN ACCOUNT

2 SUBMIT YOUR APPLICATION

3 APPLICATION REVIEWED

4 SUBMIT PENDING DOCUMENTATION

5 APPLICATION APPROVED

Need Help?

FAQ

> CPCS Vendor Handbooks

FAQ

CPCS Vendor Handbooks

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161

Portal My Profile



[DASHBOARD](#)
[MY PROFILE](#)
[LOG OUT](#)

MY VENDOR PROFILES

Attorney

Welcome
Melanie Smith
123 Fake Street Boston, MA
Vendor since 1/19/2024

 **Profile Tip**
Complete your profile to get better matches.
 Add supplemental profile info
Your profile helps us match your expertise and interest to CPCS cases.

Profile Info
Additional Info
Documents on File

Business Info
Edit

I am applying as a Business Entity: Yes
First Name: Melanie
Last Name: Smith
Company Name: Melanie Smith
Preferred Phone (Office, Cell, Home): (123) 456-7890
Email: sf+melaniesmithmacpcs@arbolainc.com
Mailing Address: 123 Fake Street
Mailing City: Boston
Mailing State: MA
Mailing Zip: 02112
Fax: 555-555-5555

Want to add
type your profile?
See list of CPCS vendor types
APPLY TODAY

Additional Business Information
Edit

Vendor #: VC1234567890
BBO #: 111111
Admitted to the Massachusetts Bar: 01/01/2020
Language(s): English, Spanish

Users can edit fields on the portal.

Fields that can't be edited will be grey out and need to be submitted to MA CPCS