
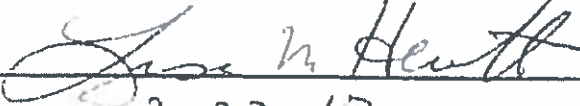



**DISCLOSURE BY STATE EMPLOYEE
OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES
FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES
AS REQUIRED BY 930 CMR 6.06(2)**

STATE EMPLOYEE INFORMATION	
Name of state employee:	Ivy E. Sohn MD
Title/ Position	Please provide information about your state employee position. Assistant Professor, University of Massachusetts Medical School serving as child area psychiatrist for DMH under ISA contract.
Agency:	University of Massachusetts Medical School
Agency address:	University of Massachusetts Medical School Department of Psychiatry 55 North Lake Avenue Worcester, MA 01655
Office phone:	(478) 863-5034
Office e-mail:	ivy.sohn@umassmail.state.ma.us
	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.
CPCS SERVICES	
Describe the nature of the representation or services you expect to provide to or for CPCS.	Forensic psychiatry evaluations.
If you are providing services through a company, please provide its name and address.	
Who will pay you for your services?	<input checked="" type="checkbox"/> CPCS, directly. <input checked="" type="checkbox"/> An attorney or personnel assigned by CPCS.
If not CPCS, please provide the name and address of the person or entity who will pay you or your company for your services.	

<p>What is your financial interest in providing these services?</p> <p>Please include both compensation and obligations, etc.</p>	<p>Please explain your financial interest and provide the dollar amount if you know it.</p> <p>I will be compensated for forensic psychiatric services rendered on an hourly basis.</p>
Employee signature:	
APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES	
Name and title of CPCS employee giving approval	<p>LISA M. HEWITT</p> <p>General Counsel</p>
Office phone	617-910-5717
Office e-mail	LHEWITT@PublicCounsel.net
Signature by CPCS employee	<p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p> 
Date:	2-23-17
FOR NON-ELECTED STATE EMPLOYEES ONLY:	
APPROVAL BY APPOINTING AUTHORITY AT STATE AGENCY WHICH YOU SERVE	
Name and title of appointing authority, or his or her designee, at the state agency which you serve	<p>Douglas M. Ziedonis, MD, MPH</p> <p>Professor and Chair</p> <p>Dept. of Psychiatry</p> <p>UMass Memorial Medical Center and</p> <p>University of Massachusetts Medical School</p>
Office phone	
Office e-mail	douglas.ziedonis@umassmemorial.org
Signature by appointing authority	<p>By signing here, I indicate that I have reviewed the facts that the state employee has disclosed above and approve the arrangement proposed by the state employee.</p> 
Date:	4/8/15

Attach additional pages if necessary.

File copy with:

State Ethics Commission
One Ashburton Place, Room 610
Boston, MA 02108