
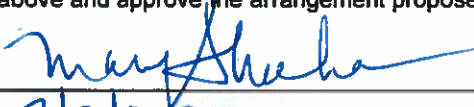


**DISCLOSURE BY STATE EMPLOYEE
OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES
FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES
AS REQUIRED BY 930 CMR 6.06(2)**

2020 MAR 12 AM 9:38

	STATE EMPLOYEE INFORMATION
Name of state employee:	Jovan Stovall
Title/ Position	Please provide information about your state employee position. Program Coordinator II
Agency:	Domestic Violence Unit Department of Transitional Assistance/Western Region
Agency address:	243 Cottage Street, Springfield, MA 01104
Office phone:	413-858-1080
Office e-mail:	Jovan.Stovall@massmail.com
	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.	Case consultation, complete assessment/ evaluations, Aid-in-sentencing reports, review and assess the necessity of services (i.e. substance use treatment, counseling, mental health, anger management, etc.) Aid in accessing desired services, create post-release service plans, review records and documentation.
If you are providing services through a company, please provide its name and address,	N/A
Who will pay you for your services?	<input checked="" type="checkbox"/> X CPCS, directly. <input 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>CPCS pays me per assignment</p>
Employee signature:	
APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES	
Name and title of CPCS employee giving approval	
Office phone	
Office e-mail	
Signature by CPCS employee	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.
Date:	
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>Chief Financial Officer Dept. of Transitional Assistance Mary Sheehan</p>
Office phone	
Office e-mail	
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:	3/2/2020

Attach additional pages if necessary.

File copy with:

State Ethics Commission
One Ashburton Place, Room 619
Boston, MA 02108