
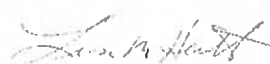



**DISCLOSURE BY STATE EMPLOYEE
OF A FINANCIAL INTEREST IN A CONTRACT TO PROVIDE SERVICES
FOR THE COMMITTEE FOR PUBLIC COUNSEL SERVICES
AS REQUIRED BY 930 CMR 6.06(2)**

RECEIVED
COMMISSION
2022 JUN -2 AM 11:03

	STATE EMPLOYEE INFORMATION
Name of state employee:	Anh Tu Tran
Title/ Position	Please provide information about your state employee position. Per Diem Interpreter
Agency:	Office of Language Access (OLA)
Agency address:	2 Center Plaza, 9 th Floor, Boston, MA 02108
Office phone:	781-267-0766
Office e-mail:	anhtutran@tmlp.net
	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.	Interpretation and translation.
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"/> X___ CPCS, directly. ___ 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.	

What is your financial interest in providing these services? Please include both compensation and obligations, etc.	Please explain your financial interest and provide the dollar amount if you know it. \$40/hr
Employee signature:	
APPROVAL BY COMMITTEE FOR PUBLIC COUNSEL SERVICES	
Name and title of CPCS employee giving approval	Lisa M. Hewitt, General Counsel
Office phone	617-910-5717
Office e-mail	lhewitt@publiccounsel.net
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:	May 23, 2022
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	Sybil A. Martin, Ph.D., Director 857-216-8526 sybil.martin@jud.state.ma.us
Office phone	
Office e-mail	
Signature by appointing authority	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:	May 20, 2022

Attach additional pages if necessary.

File copy with:

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