

**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:	Hilary Novak
Title/ Position	I am a Psych IV working as a Forensic Psychologist in the Adult Court Clinic in the Central Mass Area
Agency:	Department of Mental Health
Agency address:	25 Staniford St. Boston, MA 02114
Office phone:	774-571-6846
Office e-mail:	Hilary.a.novak@mass.gov
	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.	Expert testimony
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. <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.	

What is your financial interest in providing these services? Please include both compensation and obligations, etc.	\$270/hr
Employee signature:	<i>Hiday A. Nook, Psy.D.</i>
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	<i>Kathleen Cahill Area Forensic Director Department of Mental Health</i>
Office phone	<i>(774) 420-3124</i>
Office e-mail	<i>kathleen.cahill@mass.gov</i>
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. <i>Kathleen Cahill, LICSW, AFD</i>
Date:	<i>8/30/23</i>

Attach additional pages if necessary.

File copy with:

State Ethics Commission
One Ashburton Place, Room 619