

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

**PERSONAL INFORMATION**

Name: Dale Brown

Home address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]

Telephone: [REDACTED]

Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: P.O. Box 684

City: Northampton State: MA ZIP Code: 01061

Telephone: 413-585-0618 Fax: 413-585-0152

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Dale Brown Date: 12-10-19

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: BARBARA CAHELLANE

Home: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP: [REDACTED]

Telephone: [REDACTED]

Social Sec: [REDACTED]

BUSINESS CONTACT INFORMATION

(DOR will mail documents to be served to this address)

Business address: 492 PLEASANT STREET PO BOX 684

City: NORTHAMPTON State: MA ZIP Code: 01061

Telephone: 413-585-0618 Fax: 413-585-0152

Cell phone: [REDACTED] E-mail: bcahillane@hdselvi-process.org

CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Barbara Cahellane

Date: 5-11-16

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

**PERSONAL INFORMATION**

Name: BARBARA A. CAHILLANE

Home: [REDACTED]

City: [REDACTED] State: [REDACTED]

Telephone: [REDACTED]

Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: 11 Village Mill Rd Ste 103A PO Box 684

City: NORTHAMPTON State: MA ZIP Code: 01061

Telephone: 413-585-0618 Fax: 413-585-0152

Cell phone: — E-mail: bcahillane@hscivilprocess.org

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Barbara A. Cahillane Date: 12/10/19

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015; Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015; and/or the Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

4/28/2015  
DATE

Barbara Cahillane  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

BARBARA A. CAHILLANE

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

OFFICE OF THE SHERIFF, HAMPSHIRE  
COUNTY, PO BOX 684, NORTHAMPTON, MA  
01061

Telephone Number:

413-585-0618

Cell phone Number

\_\_\_\_\_

Email Address:

bcahillane@hsdcivilprocess.org

FID or Social Security number:

[REDACTED]

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes  No

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

**PERSONAL INFORMATION**

Name: FRANCIS W. COTE

Home address: [REDACTED]

City: [REDACTED]

Telephone:

Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: 11 Village Hill Rd.

City: NORTHAMPTON

State: MA

ZIP Code: 01060

Telephone: 585-0218

Fax:

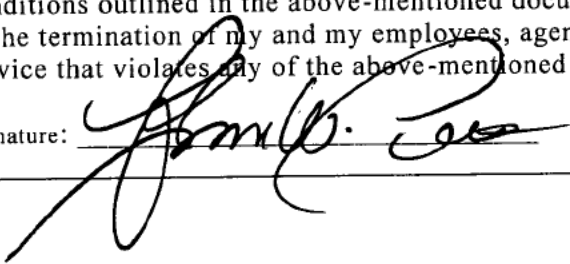
Cell phone:

E-mail:

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: 

Date: 12-6-18

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

Apr. 21, 2015  
DATE

*Francis W. Cote*  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

FRANCIS W. COTE

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

OFFICE OF THE SHERIFF  
Hampshire County  
Civil Process Division  
492 Pleasant Street  
P.O. Box 684  
Northampton, MA 01061

Telephone Number:

413-585-0618

Cell phone Number

Email Address:

[REDACTED]

FID or Social Security number:

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes  No

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: FRANCIS COTE

Home address: [REDACTED]

City: [REDACTED]

Telephone: [REDACTED]

Social Security Number: [REDACTED]

BUSINESS CONTACT INFORMATION

(DOR will mail documents to be served to this address)

Business address: 492 PLEASANT STREET

City: NORTHAMPTON

State: MA

ZIP Code: 01061

Telephone: 413-585-0618

Fax: 413-585-0152

Cell phone:

E-mail:

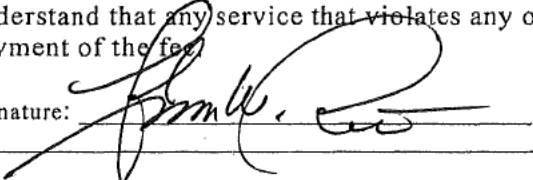
CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: 

Date: 5-11-16

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022

PERSONAL INFORMATION

Name:

Maurice Francis Egan, Jr.

Home address:

[REDACTED]

City:

[REDACTED]

Telephone:

[REDACTED]

Social Security Number (SSN):

[REDACTED]

BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)

Business address:

P.O. Box 684, 11 Village Hill Road

City:

Northampton

State:

MA

ZIP Code:

01061-0684

Telephone:

(413) 585-0618

Fax:

(413) 585-0152

Cell phone:

E-mail:

megan@hsdcivilprocess.org

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature:

Maurice F. Egan, Jr.

Date:

12/10/2019



**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

4/21/2015  
DATE

Maurice Egan  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

Maurice Egan

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

OFFICE OF THE SHERIFF  
Hampshire County  
Civil Process Division  
492 Pleasant Street  
P.O. Box 684  
Northampton, MA 01061

Telephone Number:

(413) 527-5275

Cell phone Number

[REDACTED]

Email Address:

megan@hsdcivilprocess.org

FID or Social Security number:

[REDACTED]

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes  No

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018**

**PERSONAL INFORMATION**

Name: MAURICE EGAN

Home address: [REDACTED]

City: [REDACTED]

Telephone: [REDACTED]

Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION**

(DOR will mail documents to be served to this address)

Business address: 492 PLEASANT ST PO BOX 684

City: NORTHAMPTON

State: MA

ZIP Code: 01061

Telephone: 413-585-0618

Fax: 413-585-0152

Cell phone: [REDACTED] E-mail: MEGAN@HSOCTVTLPROCESS.ORG

**CAPIAS**

Are you are willing to serve writs of capias for DOR? Yes [] No []

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Maurice Egan

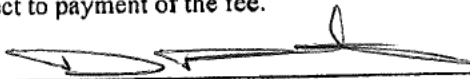
Date: 5/11/2016

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015; Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015; and/or the Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

4/17/15  
DATE

  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

DAVID WILLIAM FENTON

Address:



Business Name and Address:  
(Service of process documents mailed here)

HAMPSHIRE SHERIFF'S OFFICE  
P.O. BOX 684, NORTHAMPTON, MA 01061

Telephone Number:

413-585-0618

Cell phone Number



Email Address:

FID or Social Security number:

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes  No

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: DAVID FENTON

Home address: [REDACTED]

City: [REDACTED]

Telephone:

Social Security Number: [REDACTED]

BUSINESS CONTACT INFORMATION

(DOR will mail documents to be served to this address)

Business address: 492 PLEASANT ST PO BOX 684

City: NORTHAMPTON

State: MA

ZIP Code: 01061

Telephone: 413-585-0018

Fax: 413-585-0152

Cell phone:

E-mail: \_\_\_\_\_

CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: [Signature]

Date: 5/12/16

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

5/13/15  
DATE

[Signature]  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name: Jeffrey Fish

Address: 


Business Name and Address:  
(Service of process documents mailed here)

OFFICE OF THE SHERIFF  
Hampshire County  
Civil Process Division  
492 Pleasant Street  
P.O. Box 684  
Northampton, MA 01061 (413) 585-0618

Telephone Number: 

Cell phone Number: 

Email Address: Jeffrey.fish@hso.state.ma.us

FID or Social Security number: 

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes  No

- Attachments:**  
Compliance Agreement for licensed Constables and Sheriffs  
Confidentiality Agreement for licensed Constables and Sheriffs' Offices  
Standards of Conduct for licensed Constables and Sheriffs  
Standards of Confidentiality for licensed Constable and Sheriffs  
Service of Process Fee Schedule for licensed Constables and Sheriffs  
CORI Request Form  
Tax and Child Support Questionnaire

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018**

**PERSONAL INFORMATION**

Name: Jeffrey Fish  
 Home address: [REDACTED]  
 City: [REDACTED] State: [REDACTED] ZIP Code: [REDACTED]  
 Telephone: [REDACTED]  
 Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: 205 Rocky Hill Road  
 City: Northampton State: MA ZIP Code: 01060  
 Telephone: (413) 584-5911 Fax: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ E-mail: jeffrey.fish@ksd.state.ma.us

**CAPIAS**

Are you are willing to serve writs of capias for DOR? Yes  No

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: [Signature] Date: 5/11/16



**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

**PERSONAL INFORMATION**

Name: <i>Raymond Goulet</i>		
Home address: [REDACTED]		
City: [REDACTED]	State: [REDACTED]	ZIP Code: [REDACTED]
Telephone: [REDACTED]		
Social Security Number (SSN): [REDACTED]		

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: <i>11 Village Hill Rd</i>		
City: <i>Newhampton</i>	State: <i>Ma</i>	ZIP Code: <i>01060</i>
Telephone: <i>413 585 0618</i>	Fax:	
Cell phone:	E-mail:	

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: *Raymond Goulet*

Date: *12-9-19*



**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

April 24<sup>th</sup>  
DATE

*Raymond L. Goulet*  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

Raymond L. Goulet

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

Civil Process Div. HSO  
492 Pleasant St. Northampton,

Telephone Number:

585-0618

Cell phone Number

[REDACTED]

Email Address:

\_\_\_\_\_

FID or Social Security number:

[REDACTED]

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes [] No []

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018**

**PERSONAL INFORMATION**

Name: **RAYMOND GOULET**

Home: [REDACTED]

City: [REDACTED]

Telephone:

Social Security Number ([REDACTED])

**BUSINESS CONTACT INFORMATION**  
(DOR will mail documents to be served to this address)

Business address: **492 PLEASANT STREET PO Box 684**

City: **NORTHAMPTON**

State: **MA**

ZIP Code: **01061**

Telephone: **413-585-0618**

Fax: **413-585-0152**

Cell phone:

E-mail: \_\_\_\_\_

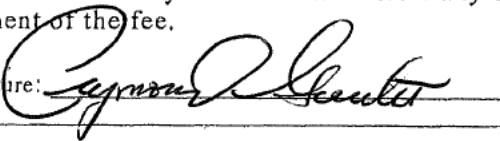
**CAPIAS**

Are you are willing to serve writs of capias for DOR? Yes [] No []

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: 

Date: **MAY 11<sup>th</sup> 2016**

**DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022**

**PERSONAL INFORMATION**

Name: Lisa G. Heckley

Home address: [REDACTED]

[REDACTED] State [REDACTED]

ZIP Code [REDACTED]

Telephone: [REDACTED]

Social Security Number (SSN): [REDACTED]

**BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)**

Business address: Hampshire Sheriff's Civil Process Division P.O. Box 684

City: Northampton

State: MA

ZIP Code: 01061

Telephone: 413-585-0618

Fax: 413-585-0152

Cell: [REDACTED]

E-mail: heckley@hscivilprocess.org

**COMPLIANCE AGREEMENT**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Lisa G. Heckley

Date: 12-10-19

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

5-4-15  
DATE

Lisa G. Heckley  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

Lisa G. Heckley

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

Hampshire Sheriff's Office

P.O. Box 684 Northampton MA 01061-0684

Telephone Number:

413-585-0618

Cell phone Number

[REDACTED]

Email Address:

lheckley@hscivilprocess.org

FID or Social Security number:

[REDACTED]

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes [] No []

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: LISA HECKLEY

Home address: [REDACTED]

City: [REDACTED] State: [REDACTED] ZIP: [REDACTED]

Telephone: [REDACTED]

Social Security: [REDACTED]

BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)

Business address: 498 PLEASANT STREET PO BOX 684

City: NORTHAMPTON State: MA ZIP Code: 01061

Telephone: 413-585-0618 Fax: 413-585-0152

Cell phone: [REDACTED] E-mail: LHECKLEY@MSDCIVILPROCESS.ORG

CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Lisa Heckley

Date: 5-11-16

**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

5/18/15  
DATE

*Joseph Lafond*  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

JOSEPH LAFOND

Address:

[REDACTED ADDRESS]

Business Name and Address:  
(Service of process documents mailed here)

OFFICE OF THE SHERIFF  
Hampshire County  
Civil Process Division  
492 Pleasant Street  
P.O. Box 684  
Northampton, MA 01061 (413) 585-0618

Telephone Number:

\_\_\_\_\_

Cell phone Number

\_\_\_\_\_

Email Address:

\_\_\_\_\_

FID or Social Security number:

[REDACTED FID/SSN]

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes [] No []

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: Joseph Lafond

Home address: [REDACTED]

City: [REDACTED]

Telephone:

Social Security Number (SSN): [REDACTED]

BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)

Business address: 205 Rocky Hill Road

City: Northampton

State: MA

ZIP Code: 01060

Telephone:

Fax:

Cell phone:

E-mail:

CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: Joseph Lafond

Date: 5/11/16

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
APPLICATION FOR LICENSED SHERIFFS 2020 - 2022

PERSONAL INFORMATION

Name:

Benn Pauliet

Home address:

[REDACTED]

City:

[REDACTED]

Telephone:

[REDACTED]

Social Security:

[REDACTED]

BUSINESS CONTACT INFORMATION

(DOR will mail documents to be served to this address)

Business address:

P.O. Box 684

City:

Norhampton

State:

MA

ZIP Code:

01061

Telephone:

413-585-0618

Fax:

413-585-0152

Cell phone:

E-mail:

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2020-2022, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2020-2022, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2020-2022, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature:

Benn Pauliet

Date:

12-10-19



**MASSACHUSETTS DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION  
COMPLIANCE AGREEMENT FOR LICENSED CONSTABLES AND SHERIFFS  
CALENDAR YEARS 2014 AND 2015**

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) **Service of Process Fee Schedule for licensed Constables or Sheriffs for Calendar Years 2014, 2015**, and to comply with its: **Standards of Conduct for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; **Standards of Confidentiality for licensed Constables and Sheriffs for Calendar Years 2014, 2015**; and/or the **Confidentiality Agreement for licensed Constables and Sheriffs** in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned documents will not be subject to payment of the fee.

April 23 2015  
DATE

George A. Symborski  
SIGNATURE

Please print your name, address, telephone number and FID or Social Security number below:

Name:

GEORGE A. SYMBORSKI

Address:

[REDACTED]

Business Name and Address:  
(Service of process documents mailed here)

CIVIL PROCESS DIV, 492 PLEASANT ST  
NORTHAMPTON, MA 01061-0684

P.O. Box  
684

Telephone Number:

413-585-0618

Cell phone Number

[REDACTED]

Email Address:

FID or Social Security number:

Please indicate if you are willing to serve writs of CAPIAS for DOR: (check one) Yes [] No [

**Attachments:**

- Compliance Agreement for licensed Constables and Sheriffs
- Confidentiality Agreement for licensed Constables and Sheriffs' Offices
- Standards of Conduct for licensed Constables and Sheriffs
- Standards of Confidentiality for licensed Constable and Sheriffs
- Service of Process Fee Schedule for licensed Constables and Sheriffs
- CORI Request Form
- Tax and Child Support Questionnaire

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT  
APPLICATION FOR SHERIFFS 2016 - 2018

PERSONAL INFORMATION

Name: GEORGE SYMBORSKI

Home address: [REDACTED]

City: [REDACTED]

Telephone: [REDACTED]

Social Security: [REDACTED]

BUSINESS CONTACT INFORMATION  
(DOR will mail documents to be served to this address)

Business address: 492 PLEASANT ST PO Box 684

City: NORTHAMPTON

State: MA

ZIP Code: 01061

Telephone: 413-585-0618

Fax: 413-585-0152

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CAPIAS

Are you are willing to serve writs of capias for DOR? Yes [] No []

COMPLIANCE AGREEMENT

I, the undersigned, hereby agree to accept the fees, terms, and conditions as outlined by the Child Support Enforcement Division of the Massachusetts Department of Revenue's (DOR) Licensed Constable and Sheriff Handbook 2015, including the Standards of Confidentiality for Licensed Constables and Sheriffs Calendar Years 2016-2017, Standards of Conduct for Licensed Constables and Sheriffs Calendar Years 2016-2017, Service of Process Fee Schedule for Licensed Constables and Sheriffs for Calendar Years 2016-2017, Confidentiality Agreement for Licensed Constables and Sheriffs, and to comply with any updates or additions thereto to the above-mentioned documents, in the performance of my duties in the service of process for DOR, and if applicable, to require such compliance from my employees, agents, and associates.

I understand that if I, or my employees, agents or associates, fail to comply with any of the fees, terms and conditions outlined in the above-mentioned documents in the service of civil process for DOR, it will result in the termination of my and my employees, agents or associates' services. Further, I understand that any service that violates any of the above-mentioned standards will not be subject to payment of the fee.

Signature: George Symborski

Date: May 11 2016