

Committee for Public Counsel Services
Mental Health Litigation Division

44 Bromfield Street, Boston, MA 02108
(617) 988-8341

APPELLATE ASSIGNMENT INTAKE FORM

Case Name: _____ Docket Number: _____ Court: _____

Client's current address or location: _____

Client's contact information if/when released from hospital: _____

Trial Attorney: _____ Petitioner's Attorney: _____

Type of petition/hearing (include all relevant hearings): _____

Date(s) of hearing(s): _____ Date of Disposition: _____

Brief Summary of the Decision or Order: _____

Issues on appeal: _____

In the case of an appeal from an order of commitment, is this an appeal which you think may require a transcript: _____

Have tapes/CDs been ordered, and date if so: _____

Deadlines, if any, as of the date of this request: _____

Collateral proceedings in other courts, if any (pending criminal case, etc.): _____

Counsel in collateral proceedings: _____

Please submit this form and attach Notice of Appeal and all relevant pleadings to:

Mental Health Appeals

Email: mhappeals@publiccounsel.net

Fax: (617) 988-8488