APPEAL REFERRAL

DEFENDANT'S NAME			_ D.O.B
DOES DEFENDANT SPEAK ENGLISH	I? Yes	No IF NOT, WHAT LANGU	AGE?
LAST KNOWN ADDRESS/PHONE#/INSTITUTION			
DEFENDANT'S AGE AT TIME OF ALLEGED OFFENSE(S)			
<u>TRIAL/PROBATION VIOLATION HEARING/ MOTION</u> (only after interlocutory appeal allowed)			
			HELD
COURT	JUDGE	<u></u>	DATE
ATTORNEY	D.A . (or	P.O. for VOP hrg.)	
INDICTMENT/ COMPLAINT NUMBER	CHARG	E DISPOSITIO	DN/SENTENCE

ISSUES FOR APPEAL/COMMENTS:

IF YES, PLEASE EXPLAIN WHY:

POST-TRIAL ATTORNEY ACTION:

DATE OF SENTENCING: _____

NOTICE OF APPEAL FILED: _____

(date)

TRANSCRIPT/ CDs ORDERED: _____

(date)

<u>PLEASE NOTE</u>: In most counties, clerks will not order transcripts of pre-trial hearings unless requested to do so. Please request tapes/transcripts of all pre-trial evidentiary hearings, as well as non-evidentiary hearings that may figure in the appeal.

STAY OF EXECUTION PENDING APPEAL?
ALLOWED DENIED NOT SOUGHT

The Appellate attorney assigned to the appeal can provide you with feedback if you wish.

Please check the box if you would be interested. □

PLEASE CLICK ON THE SUBMIT BUTTON

or

PRINT AND EMAIL THIS FORM TO: appealform@publiccounsel.net