

APPEAL REFERRAL

DEFENDANT'S NAME _____ D.O.B. _____

DOES DEFENDANT SPEAK ENGLISH? Yes No IF NOT, WHAT LANGUAGE? _____

LAST KNOWN ADDRESS/PHONE#/INSTITUTION _____

DEFENDANT'S AGE AT TIME OF ALLEGED OFFENSE(S) _____

=====

TRIAL/PROBATION VIOLATION HEARING/ MOTION (only after interlocutory appeal allowed)

COURT _____ JUDGE _____ HELD
DATE _____

ATTORNEY _____ D.A. (or P.O. for VOP hrg.) _____

INDICTMENT/
COMPLAINT NUMBER

CHARGE

DISPOSITION/SENTENCE

ISSUES FOR APPEAL/COMMENTS:

