

REQUEST FOR SCREENING COUNSEL

**NOTE: DO NOT USE THIS FORM IF YOU HAVE A PENDING FEDERAL CASE
UNTIL YOU CONSULT WITH YOUR FEDERAL DEFENSE LAWYER**

FROM: _____ DATE: _____
(Your name and address)

ID NUMBER: _____

Date of Birth: _____

TO: Kathleen O’Connell
Committee for Public Counsel Services
Appeals Unit, Private Counsel Division
100 Cambridge Street, 14th Floor
Boston, MA 02114
Or email to: CAUAttorney@publiccounsel.net

Dear Attorney O’Connell,

I am writing to you to request that you appoint a lawyer to review my Massachusetts state court conviction. I am providing you with the following information for each conviction that I want to challenge (please fill out a new form for each separate docket number):

1. Name/County of court: _____
2. Docket number: _____
3. Charge(s) you were convicted of:

4. Your age at time of the alleged offense(s): _____
5. Attorney’s name and address (if known): _____

6. Your most recent attorney in a criminal case was (check only one):
 hired by me court appointed represented myself
7. Check only one: I pled guilty I was convicted after trial
8. Do you have a criminal case pending in Federal Court?: Yes:____ No:____
9. Are you a U.S. Citizen?: Yes:____ No:____ (This information is requested only to determine if you have a claim for relief, and will not be disclosed to immigration officials.)

has had a chance to screen your case. If you already have a date for deportation, please provide that information.)