

# Committee for Public Counsel Services Mental Health Litigation Division

## 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 hearings(s):

Date of Disposition:

Judge:

Time of Hearing:

Courtroom #

Brief Summary of the Decision or Order:

*(Start and Stop)*

Issues on appeal:

Is this an appeal which you think may require a transcript? :

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

Counsel in collateral proceedings:

Would you like to receive a copy of the transcript?:

**Please submit this form, plus Notice of Appeal and all relevant pleadings to:**

Mental Health Appeals  
Email: [MHAppeals@publiccounsel.net](mailto:MHAppeals@publiccounsel.net)

*Revised May 2021 - N. Twohig*