

Committee for Public Counsel Services

JUVENILE APPEAL REFERRAL FORM

CLIENT'S NAME		DATE OF BIRTH	
LAST KNOWN ADDRESS			
CITY / TOWN		ZIP CODE	
PARENT/GUARDIAN NAME			
PHONE NUMBER(S)			

Does Client speak English?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, what language?	
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Is Client DCF-involved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please indicate status:		

TRIAL COUNSEL:

Name	
Phone	
Email	

TRIAL COURT

COURT	
JUDGES(S)	
DOCKET NO.	

Charge	Statutory Cite	Disposition
DYS Representation: For youth committed to DYS, will you continue to represent the client?		<input type="checkbox"/> YES <input type="checkbox"/> NO

TYPE OF APPEAL: Post-trial direct appeal Appeal of VOP Conditional Gomez plea
 Motion (*only after interlocutory appeal allowed by Single Justice*)

NOTICE OF APPEAL FILED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE FILED:	
TRANSCRIPT/RECORDING ORDERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE ORDERED:	

Please note: many clerks will not order transcripts of pre-trial hearings unless requested to do so. Please request audio files/transcripts of all pre-trial evidentiary hearings, as well as non-evidentiary hearings that may be relevant on appeal.

Stay of Execution Pending Appeal? Allowed Denied Not sought

ISSUES FOR APPEAL/COMMENTS *(potential appellate issues, complexities with the case, special needs of the client)*

The assigned appellate attorney can provide you with informal feedback if you wish. Please check the box if you would be interested in receiving feedback.

COMPLETED FORM:

Select File, Save As, from the dropdown menu on the toolbar to save this form as a .pdf. Send the completed form via email to: yadappeals@publiccounsel.net

Updated: 3/22/2022