

ANTHONY J. BENEDETTI

CHIEF COUNSEL

Committee for Public Counsel Services YOUTH ADVOCACY DIVISION

1822 No. Main Street, Suite 205 Fall River, MA 02720 (O): (508) 484-5785 | (F): (508) 672-5603

DULCINEIA GONCALVESDEPUTY CHIEF COUNSEL

AFTON M. TEMPLINDIRECTOR, JUVENILE APPEALS

ATTORNEY COMPLAINT FORM

Attorney name:
Attorney address (if known):
Attorney phone number (if known):
Client name:
Client address:
Client phone number:
Client email address:
If the person making the complaint is not the client, please explain the relationship to the client:
Please describe the nature of the case, the court, the docket number (if known) and the current status of the case:
Please summarize your complaint (attach additional pages if necessary):
Please submit by email to <u>yadappeals@publiccounsel.net</u> or mail to the attention of:
Afton M. Templin
Director of Juvenile Appeals

QUESTIONS? Call 508/484-5785

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