APPELLATE ASSIGNMENT INTAKE FORM (2 pages)

Case (Child) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trial Court & Judge: Docket: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disposition (circle): Permanent Custody/ Termination/ Guardianship/ Private Adoption/29B

Other

Client’s Name & Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Names and dates of birth of *all* parties** | **Relationship (Mother/Father/ Children/Other)** | **Trial Attorney**  **(Name/Address/Phone Number/Email address)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Department of Children & Families** | **Same** |  |

***Note: Please specify if children are represented by separate counsel, or if there is more than one mother or father involved or represented in the case.***

Please indicate which party(ies) filed a notice of appeal:

🞎 Mother 🞎 Father

🞎 Child(ren) \_\_\_\_\_🞎 Guardian

🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date notice of appeal filed: \_\_\_\_\_\_\_

Date on which motion for appointment of appellate counsel was allowed:

Are there any outstanding issues regarding a parent-client’s indigence/right to counsel?

Please identify issue(s) on appeal (to the extent possible):

🞎 Sufficiency of the evidence

🞎 Reasonable efforts

🞎 Due process violation (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Post-adoption/post-termination visitation

🞎 Adoption plan/permanency plan

🞎 Sibling visitation

🞎 Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is client currently incarcerated and/or out-of-state?

🞎 No 🞎 Yes. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are child(ren) located? Check all that apply:

🞎 Kinship placement 🞎 Pre-adoptive home

🞎 Non-adoptive foster care 🞎 Guardianship

🞎 With parent 🞎 Other. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you represent a child or children, how did you arrive at the client’s position?

Child 1: age\_\_\_\_\_ Child 2: age\_\_\_\_\_ Child 3: age\_\_\_\_\_\_

🞎 Express preferences 🞎 Express preferences 🞎 Express preferences

🞎 Substituted judgment 🞎 Substituted judgment 🞎 Substituted judgment

🞎 GAL/next friend 🞎 GAL/next friend 🞎 GAL/next friend

**Please submit this form and all notices of appeal and motions for appointment of appellate counsel (even if filed by other parties) to the attorneys of the CAFL Appellate Panel Support Unit:**

Email: [CAFLappeals@publiccounsel.net](mailto:CAFLappeals@publiccounsel.net)