

**Committee for Public Counsel Services
Mental Health Litigation Division**

APPELLATE ASSIGNMENT INTAKE FORM

Case Name:

Court:

Docket Number:

**Client's current location, incl. unit
number and patient phone:**

**Client's contact information
when discharged from hospital:**

Trial Attorney:

Petitioner's Attorney:

Type of petition/hearing:

Date(s) of hearing(s):

Date(s) of Disposition:

Judge:

**Time of Hearing
(Start and Stop):**

Courtroom #:

**District Attorney,
if applicable:**

Brief Summary of the Decision or Order:

Issues on appeal:

Is this an appeal which you think may require a transcript?: Yes No

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? Yes No

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

Mental Health Appeals

Email:

mhappeals@publiccounsel.net