

Committee for Public Counsel Services
JUVENILE APPEAL REFERRAL FORM

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

Does Client speak English?	☐ YES	☐ NO	If NO, what language?	
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Is Client DCF-involved?	☐ YES	☐ NO	
If yes, please indicate status:			

TRIAL COUNSEL:

NAME	
PHONE	
EMAIL	

TRIAL COURT

COURT	
JUDGE(S)	
DOCKET NO.	
TRIAL ADA EMAIL	

Charge	Statutory Cite	Disposition
DYS Representation: For youth committed to DYS, will you continue to represent the client?		☐ YES ☐ NO

TYPE OF APPEAL: ☐ Post-trial direct appeal ☐ Appeal of VOP ☐ Rule 12 (b)(6) Conditional Plea ☐ Motion (*only after interlocutory appeal allowed by Single Justice*)

NOTICE OF APPEAL FILED?	☐ YES	☐ NO	DATE FILED:	
TRANSCRIPT ORDERED?	☐ YES	☐ NO	DATE ORDERED:	

ATTACH ☐ Notice of Appeal ☐ Police Report (for appellate conflict check)

Please note: Trial counsel are required to order the transcripts. Audio recordings do not need to be ordered beforehand; just order the transcripts. Some clerks may order transcripts for you, but they may not order transcripts of pre-trial hearings unless requested to do so. Please ensure that all transcripts relevant to the appeal are ordered.

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*)

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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 with the Notice of Appeal and Police Report via email to:

yadappeals@publiccounsel.net