

Committee for Public Counsel Services

Children and Family Law Division

(617) 482-6212

APPELLATE ASSIGNMENT INTAKE FORM

(2 PAGES)

Case (Child) Name: _____

Trial Court City/County: _____ Docket: _____

Disposition (check): Permanent Custody Termination Guardianship
Private Adoption 29B Other

Client's Name & Contact Information:

Names and dates of birth q'lk'mit ct vgu'	Relationship	Trial Attorney Information
NAME:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE NUMBER: EMAIL:
NAME: DATE OF BIRTH:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE NUMBER: EMAIL:
NAME: DATE OF BIRTH:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE NUMBER: EMAIL:
NAME: DATE OF BIRTH:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE NUMBER: EMAIL:
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 Adoption plan/permanency plan
 Reasonable efforts Sibling visitation
 Due process violation (describe): Other (describe): _____
 Post-adoption/post-termination visitation

- Is client currently incarcerated and/or out-of-state?
 No Yes; Where? _____

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

<input type="checkbox"/> Kinship placement	<input type="checkbox"/> Pre-adoptive home
<input type="checkbox"/> Non-adoptive foster care	<input type="checkbox"/> Guardianship
<input type="checkbox"/> With parent	<input type="checkbox"/> 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**

<input type="checkbox"/> Express preferences	<input type="checkbox"/> Express preferences	<input type="checkbox"/> Express preferences
<input type="checkbox"/> Substituted judgment	<input type="checkbox"/> Substituted judgment	<input type="checkbox"/> Substituted judgment
<input type="checkbox"/> GAL/next friend	<input type="checkbox"/> GAL/next friend	<input type="checkbox"/> 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 to: CAFLappeals@publiccounsel.net