

Committee for Public Counsel Services

Children and Family Law Division

(617) 482-6212

SINGLE JUSTICE PETITION

Appellate Assignment Intake Form

(2 PAGES)

PLEASE CHECK **ONE**:

I am seeking the appointment of appellate counsel to:

- ☐ Consult with and mentor me, as trial counsel, in the filing of the single justice petition, which I will prepare and file on behalf of the client; or
- ☐ Represent the client in the single justice litigation, writing and filing the petition on behalf of the client.

Please note, if the single justice petition is assigned to a full panel of the Appeals Court, all parties must be assigned a CAFL-certified appellate attorney. Please notify the attorneys of the CAFL Appellate Support Unit CAFLappeals@publiccounsel.net, if this case is assigned to a full panel.

Case Information:

Case Name: _____

Trial Court & Judge: _____ Docket: _____

Motion or decision for interlocutory review (initial custody hearing; specific motion):

Date the decision was docketed: _____

Client's name & contact information: _____

Please indicate the party(ies) for whom you are seeking counsel and whether they are an appellant (seeking review of the judge's order) or appellee (wanting the order affirmed):

☐ Mother

☐ Child(ren)

☐ Father

☐ Guardian

☐ Other:

** Note that clients have no right to file a meritless single justice petition. Please advise the client that the appellate attorney will be screening for a meritorious issue; if that attorney finds none, appellate counsel will notify CAFL and their assignment will end.*

Names and dates of birth of <u>all</u> parties	Relationship	Trial Attorney Information (please fill in completely)
NAME: DATE OF BIRTH:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE # EMAIL:
NAME: DATE OF BIRTH:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE # EMAIL:
NAME: DATE OF BIRTH:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE # EMAIL:
NAME: DATE OF BIRTH:	Mother <input type="checkbox"/> Father <input type="checkbox"/> Child	NAME: BBO# ADDRESS: PHONE # 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.

**There is a strict 30-day deadline for the filing of a single justice petition
that cannot be extended.**

It is important that, as trial counsel, you take steps to prepare the petition while we are searching for appellate counsel. Please indicate the steps you have taken so far. (If you have not done these things, please do them quickly):

- Filed a motion for expedited transcripts
- Requested audio of the hearing on “For the Record” (or through the Clerk’s Office)
- Requested copies of relevant documents (pleadings, exhibits, 29C form, docket sheet, etc.)

Please note anything that the appellate attorney should know about this case:

Please submit this form to the CAFL Appellate Panel Support Unit:

CAFLappeals@publiccounsel.net