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?	

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*)** ☐ **Rule 30 appeal**

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)***

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

Updated: 6/1/26