

Committee for Public Counsel Services

Children and Family Law Division

(617) 482-6212

APPELLATE ASSIGNMENT INTAKE FORM

(3 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 <i>qm'nt ct vgu''</i>	Relationship	Trial Attorney Information
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:
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		BBO#
		ADDRESS:
		PHONE NUMBER:
		EMAIL:
Department of Children & Families	Same	

Names and dates of birth <i>qhc nlt ct vlgv''</i>	Relationship	Trial Attorney Information
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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 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 Father **→** Appellant
 Child(ren) Guardian **→** OR Appellee
 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:

Kinship placement Pre-adoptive home
 Non-adoptive foster care Guardianship
 With parent 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**
 Express preferences Express preferences Express preferences
 Substituted judgment Substituted judgment Substituted judgment
 GAL/next friend GAL/next friend 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