REQUEST FOR POST-CONVICTION COUNSEL

NOTE: DO NOT USE THIS FORM IF YOU HAVE A PENDING FEDERAL CASE UNTIL YOU CONSULT WITH YOUR FEDERAL DEFENSE LAWYER

NAME: _____
(person seeking counsel)

ADDRESS:

_____

_____

_____

_____

PHONE: _____

EMAIL: _____

INMATE ID # _____

ALIEN REG. # _____

DATE OF BIRTH: _____

RETURN THIS FORM TO:

Kathleen O'Connell
Committee for Public Counsel Services
Private Counsel Division Criminal Appeals Unit
75 Federal Street, 6th Floor, Boston, MA 02110

Or email to: CAUAttorney@publiccounsel.net

1. Name/County of court: _____

2. Docket number: _____

3. Charge(s), disposition(s) and Sentence(s): _____

   _____

   _____

4. Names of co-defendant(s): _____

5. Names of witness(es)/alleged victim(s): _____

   _____

6. Attorney's name/address (if known): _____

7. Your most recent attorney in a criminal case was (check only one):

   □ hired by me □ court appointed □ represented myself

8. Check only one: □ I pleaded guilty □ I was convicted after trial

9. Do you have a criminal case pending in Federal Court? Yes: ____ No: ____

10. Where were you born? _____

11. What is your current immigration status? _____
    (*This information is requested only to determine if you have a claim for relief and will not be disclosed to immigration officials*.)

12. Describe why you believe your conviction can be challenged. Attach additional pages if necessary but only send case materials if we request them.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

- Please attach a copy of your CORI, and the case docket sheet, if available to you.
- If you have filed any pro se motions, consider asking the Court to take no action on your motion until CPCS can screen your case.
- If you already have a date for deportation, please provide that information.

Secondary contact if we are unable to reach you:

NAME(S): _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

If you are completing this form for someone else, please provide your name and contact information:

NAME: _____

PHONE: _____