

# Criminal Appeal Referral

DEFENDANT'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

DOES DEFENDANT SPEAK ENGLISH? Yes No IF NOT, WHAT LANGUAGE? \_\_\_\_\_

LAST KNOWN ADDRESS/PHONE#/INSTITUTION \_\_\_\_\_  
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TRIAL/PROBATION VIOLATION HEARING/ MOTION (only after interlocutory appeal allowed)

COURT \_\_\_\_\_ JUDGE \_\_\_\_\_ HELD \_\_\_\_\_  
DATE \_\_\_\_\_

ATTORNEY \_\_\_\_\_ D.A. (or P.O. for VOP hrg.) \_\_\_\_\_

INDICTMENT/ COMPLAINT NUMBER	CHARGE	DISPOSITION/SENTENCE
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ISSUES FOR APPEAL/COMMENTS:

