

Committee for Public Counsel Services

**JUVENILE APPEAL REFERRAL FORM**

JUVENILE'S NAME		DATE OF BIRTH	
LAST KNOWN ADDRESS			
CITY / TOWN		ZIP CODE	
PARENT/GUARDIAN NAME			
PHONE NUMBER(S)			

Does Juvenile speak English?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If NO, what language?	
Is Juvenile DCF-involved?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If yes, please indicate status:				

**TRIAL COUNSEL:**

Name	
Phone	
Email	

**TRIAL COURT**

COURT	
JUDGES(S)	
DOCKET NO.	

Charge	Statutory Cite	Disposition

**TYPE OF APPEAL:**  Post-trial direct appeal  Appeal of VOP  Conditional Gomez plea  
 Motion (\*only after interlocutory appeal allowed by Single Justice\*)

NOTICE OF APPEAL FILED?	<input type="checkbox"/> YES	DATE FILED:		<input type="checkbox"/> NO
TRANSCRIPT/RECORDING ORDERED?	<input type="checkbox"/> YES	DATE ORDERED:		<input type="checkbox"/> NO

*Please note: many clerks will not order transcripts of pre-trial hearings unless requested to do so. Please request audio files/transcripts of all pre-trial evidentiary hearings, as well as non-evidentiary hearings that may be relevant on appeal.*

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 **F**ile, **S**ave As, from the dropdown menu on the toolbar to save this form as a .pdf. Send the completed form via email to: [yadappeals@publiccounsel.net](mailto:yadappeals@publiccounsel.net)

*Updated: 12/9/19*