CENTRAL CALIFORNIA APPELLATE PROGRAM
2150 RIVER PLAZA DR., STE. 300 • SACRAMENTO CA 95816
PHONE 916.441.3792 • FAX 916.923.9398

PRELIMINARY INFORMATION FROM TRIAL COUNSEL

Defendant/Minor/Parent: _____ Case No.: _____

Name of Trial Counsel: _____

Firm Name: _____

Address: _____ Phone: (____)_____.

Email: _____

Defendant's convictions and sentence/Minor's adjudication and/or disposition: _____

_____

Duration of trial/juvenile court proceedings:_____

Brief factual summary:_____

_____

Potential issues on appeal:_____

_____

_____

Comments:_____

Did defendant/minor/parent need an interpreter? _____ If yes, what language?_____

To your knowledge, has the defendant/minor/parent retained an attorney to handle this appeal? Yes ____ No ____

If so, please name:

_____

Were there other defendants/minors/parents in the same case? Yes _____ No _____ If so, their names and trial counsel:

_____

_____

Is there a potential conflict of interest between defendants/minors/parents requiring separate counsel on appeal? Yes ___ No ___ If so, nature of conflict: _____

_____