

CENTRAL CALIFORNIA APPELLATE PROGRAM

CONFIDENTIAL BACKGROUND INFORMATION FROM DEFENDANT/MINOR/PARENT

Name: _____

Case No.: _____

Address:

Telephone Number:

Booking or Inmate No.: _____ Counselor's Name:

Trial Attorney: _____ Address:

Have you hired an attorney to handle your appeal? Yes ____ No ____

If yes, please give name and address: _____

If you cannot afford to hire an attorney and are requesting a court-appointed attorney please answer the following questions:

1) Of what offenses were you convicted/adjudicated?

OR

What was the nature of the dependency proceedings?

Sentence/Disposition:

2) What issues do you think should be raised on appeal? _____

3) Questions or comments: _____

Date: _____

Signature of Defendant/Minor/Parent: