



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

Name of Trial Counsel: _____

Firm Name: _____

Address: _____

Email: _____ Phone: _____

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, which language? _____

To your knowledge, has the defendant/minor/parent retained an attorney to handle this appeal? _____

If yes, please name: _____

Were there other defendants/minors/parents in the same case? _____ If yes, their names and trial counsel:

Is there a potential conflict of interest between defendants/minors/parents requiring separate counsel on appeal?
_____ If yes, nature of conflict:

Return this form by email to eservice@capcentral.org. (If you cannot email the form, please fax it.)