

APPEAL REFERRAL FORM

Trial lawyer's name: _____
Address: _____
Telephone number: _____

Client's name: _____
Address: _____
Telephone number: _____

Case caption & court: _____

Name of stenographer: _____

Conviction: _____ Sentence: _____

Date of sentence: _____

Is sentence stayed or client bailed pending appeal? _____
If not, where is client incarcerated? _____

Name of prosecutor: _____

Names of other parties, if any (e.g., juvenile proceedings)

Disposition (juvenile cases): _____

Bail information (if client is incarcerated): Please include conditions of release imposed by trial court:

Comments regarding appeal:

PLEASE ATTACH COPY OF NOTICE OF APPEAL AND LETTER ORDERING TRANSCRIPT.
DO NOT SEND YOUR FILE OR A COPY THEREOF.