**IADD Juvenile Appellate Defense Project**

**Consultation Form**

**Attorney Information**

Name: Click or tap here to enter text.

Law Firm: Click or tap here to enter text.

Contact information:

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

County/District: Click or tap here to enter text.

Private or Appointed: Click or tap here to enter text.

Contract? Click or tap here to enter text.

**Case Information**

Client name: Click or tap here to enter text.

Case number: Click or tap here to enter text.

Client Race/Ethnicity: Click or tap here to enter text.

Client contact information:

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Time sensitive

Need urgent assistance.

Any due dates: Click or tap here to enter text..

Issue is brewing.

Type of assistance requested

Brainstorming

Research

Drafting

Review document

Potential Appeal

Yes

No

Factual Background:

Procedural Posture:

Procedural Background:

Legal Issue:

By agreeing to receive assistance and services from the IADD Juvenile Appellate Defense Project, attorney is agreeing to:

Provide appellate attorneys with all relevant documents needed in order to adequately assist.

Obtain client consent for appellate attorneys to work on case. If unable to obtain consent please explain why. Click or tap here to enter text.

Continue representation at trial level.

Stay in communication with appellate attorneys.

Attorney signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter text.

Please email completed form to [mmaio@ujda.org](mailto:mmaio@ujda.org) and [mpena@ujda.org](mailto:mpena@ujda.org). Unless urgent, this form will be reviewed and you will be contacted within 2-3 business days.