**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 and mpena@ujda.org. Unless urgent, this form will be reviewed and you will be contacted within 2-3 business days.