

IADD Juvenile Appellate Defense Project Consultation Form

ATTORNEY INFORMATION:

Name: _____ Law Firm: _____

Phone: _____ Email: _____

County/District: _____ Private _____ Appointed _____

Contract? _____

CASE INFORMATION:

Client Name: _____ Case Number: _____

Client Phone: _____ Client Email: _____

Client Race/Ethnicity: _____

Time Sensitivity: Urgent _____ Due dates _____ Issue Is Brewing _____

Type of Assistance Requested (check all that apply):

Brainstorming _____ Research _____ Drafting _____ Document Review _____

Potential Appeal: Yes _____ No _____

Factual Background (include additional page(s) if needed):

Procedural Posture:
