

APPOINTMENT FORM

ATTORNEY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPREME COURT ID#: \_\_\_\_\_ DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PLEASE CHECK THE CASE TYPE(S) AND PARTY(S) YOU ARE WILLING TO REPRESENT:

DEPENDENCY, ABUSE AND NEGLECT:

ATTORNEY

G.A.L.

ABORTION BYPASS:

ATTORNEY

G.A.L.

APPEALS:

ATTORNEY

G.A.L.

UIFSA:

ATTORNEY

G.A.L.

DELINQUENCY / UNRULY / TRAFFIC:

ATTORNEY

G.A.L.

ADULT CASES:

ATTORNEY

G.A.L.