

APPOINTMENT FORM

ATTORNEY NAME: _____
ADDRESS: _____
E-MAIL: _____
SECRETARY: _____ TELEPHONE: _____ FAX: _____
SUPREME COURT ID#: _____ Date: _____

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

DEPENDENCY ABUSE AND NEGLECT CASES:

_____ ATTORNEY
_____ G.A.L.

ABORTION BYPASS:

_____ ATTORNEY
_____ G.A.L.

APPEALS:

_____ YES
_____ NO

UIFSA

_____ Yes
_____ No

DELINQUENCY/UNRULY/TRAFFIC CASES:

_____ CHILD AS ATTORNEY
_____ CHILD AS G.A.L.
_____ HOMICIDE CHARGES
(ATTORNEY MUST BE ON ADULT DIVISION "JUDGE APPROVED
ASSIGNED COUNSEL PROGRAM" LIST)

ADULT (START RIGHT):

_____ ATTORNEY
_____ G.A.L.