

FIRST DISTRICT APPELLATE PROJECT
730 Harrison Street, Suite 201 San Francisco, CA 94107 (415) 495-3119

PRELIMINARY INFORMATION FROM TRIAL COUNSEL RE: APPEAL

RE: _____
Case No.

Name of Trial Counsel: _____ Phone: _____

Email Address: _____ Fax: _____

Address: _____

Did you represent appellant by court appointment? Yes _____ No _____

If not, were you retained by a family member or loved one? Yes _____ No _____

To your knowledge, has your client retained an attorney to handle this Appeal? Yes _____ No _____

If yes, please name: _____

Please provide the names and trial counsel of any other parties in this case. _____

Appellant's current whereabouts (or last known address): _____

Appellant's phone #: _____

Explain any potential conflict of interest between convicted defendants that would require separate counsel on appeal:

To your knowledge, is the appellant a U.S. citizen? Yes _____ No _____ If there was a trial, how many days? _____

Please list the conviction(s) and sentence imposed: _____

Brief factual summary: _____

Potential issues on appeal: _____

Because voir dire is not included in the normal record, were there any important possible errors or unusual events?

If an interpreter was needed, what language? _____ Any application for bail pending appeal? Yes _____ No _____

Comments: _____

PLEASE KEEP US ADVISED OF ALL DEVELOPMENTS IN THIS CASE AND OTHER CASES INVOLVING THIS CLIENT. Thank you for your assistance.