

**REQUEST TO ASSIGN CASE TO APPELLATE ATTORNEY**

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

NDCLCI SFN 59358 (2/2014)

NDCLCI
 Po Box 149
 Valley City, ND 58072
 Phone: (701)845-8632
 Fax: (701)845-8633
 Email: clcivc@nd.gov

Name of attorney making request:	Date:
Email address:	Phone number:

Defendant/Respondent name	Type of Matter: <input type="checkbox"/> Appeal <input type="checkbox"/> Post-Conviction <input type="checkbox"/> Appeal of Post-Conviction
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The Defendant/Respondent is in custody
 Yes If so, where:
 No If not, defendant/respondent may be located at:

Supreme Court case number:

Case number:	Offense:	Severity:
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Case number:	Offense:	Severity:
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Present Status of Case/Any Post-Conviction Filings:

Pending Deadlines:

Requested Assistance:

Reason for request:
 Please attach a separate document outlining reason for request that will not be filed with this at Clerk's office, but will be sent to new attorney.

Notice of Appeal has been filed Yes No
 Transcript has been ordered Yes No

Request is Granted Denied

By: _____ Date: _____
 (Lead Counsel/Commission Personnel)

ASSIGNMENT OF COUNSEL—NOTICE OF APPELLATE ATTORNEY ASSIGNMENT (Completed by Lead Contractor or Commission Personnel)		
New attorney assigned:	Attorney Bar ID:	Date assigned:
Phone number:	Email address:	
Street Address:	City, State, ZIP Code:	

E-filed with copy to Requesting attorney New attorney assigned Court reporter Clerk of Supreme Court Other _____

This is to certify that notification has been faxed mailed or emailed to the defendant/respondent by _____ on _____.

