



**NOTICE OF ELIGIBILITY FOR APPOINTED COUNSEL
(CONFLICT RE-ASSIGNMENT)**

ND COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
SFN 59352 (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 name	County of case:	
Mailing address:	City, State, ZIP Code:	
Home phone number:	Work phone number:	Cell phone number:
In Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where:		

Case number(s):	Offense:	Severity:
Pending deadlines:		County of case:
Co-defendant(s):	Victim(s):	
Reason for conflict: <input type="checkbox"/> Represent co-defendant or alleged victim <input type="checkbox"/> Other (attach separate page with reason)		
<input type="checkbox"/> Granted <input type="checkbox"/> Denied		
By: _____ Date: _____ (Lead Counsel/Commission Personnel)		

SEND TO AREA LEAD CONTRACTOR OR COMMISSION ON LEGAL COUNSEL FOR INDIGENTS

ASSIGNMENT OF COUNSEL—NOTICE OF CONFLICT RE-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 <input type="checkbox"/> Conflicted attorney <input type="checkbox"/> Newly assigned attorney <input type="checkbox"/> Other _____
This is to certify that notification has been <input type="checkbox"/> faxed <input type="checkbox"/> mailed or <input type="checkbox"/> emailed to the defendant by _____ on _____.