POSTCONVICTION CLIENT INTAKE FORM

Client's Name:_____

Address/Correctional
Facility:_____

Phone (if any)_____

Region taken from:_____

District Court and Case Number:_____

Petition Filed on/or Date Petition Due:_____

Date of District Court Order Appointing Counsel:_____

Issue(s) on
Postconviction:_____

_____

_____

Date Appellate Defender Office notified:_____

For Appellate Office Use Only

Assigned Attorney_____ ___FTE ___Contracted __Conflict

Appellate Authorization_____ Date_____

Assigned ADO#_____ Entered JUSTWARE_____