

Contact / Case Information For Attorneys

Name : _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

The Mary Byron Project provides legal services on appeal of cases related to intimate partner violence. Please provide the following information about the case in which you provided representation.

Client Name: _____ Date of Birth: _____

Court Case(s) Information: District/Juvenile Case Number: _____ Judge: _____

Circuit/Family Court Case Number: _____ Judge: _____

Appeals Court Case Number: _____

Other Attorneys who have provided representation: _____

Past Hearing Dates and Results: _____

Respondent/Perpetrator Name and DOB: _____

Attorneys who have represented Respondent/Perpetrator: _____

Date of last action/order from which appeal is sought: _____

Date of next hearing or deadline: _____

Summary of case and issues: