

Contact / Case Information For Appellate Clients

Name: _____ Preferred Pronouns: _____

Safe Mailing Address: _____ City: _____

State: _____ Zip: _____

Phone Number: _____ Is it safe to leave a voicemail? YES NO

Email Address: _____ Date of Birth: _____

Does the perpetrator know your address? YES NO E-mail? YES NO

Phone number? YES NO

Emergency Contact Name and Phone Number: _____

What is your relationship to your emergency contact?: _____

Respondent / Perpetrator Name: _____

Date of Birth: _____

Relationship to Respondent: _____ Children in Common: YES NO

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 would like to appeal or in which an appeal is already pending.

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

Circuit/Family Court Case Number: _____ Judge: _____

Appeals Court Case Number: _____

Attorneys who have provided representation: _____

Past Hearing Dates: _____

I, _____, authorize you to communicate with my prior attorney about my request for representation in this case, to obtain information about the current, past, and future status of my case, and to discuss strategies in my case.

Attorneys who have represented Respondent/Perpetrator: _____

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

Any future hearing dates / deadlines: _____

Summary of case and issues: