

**COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
REQUEST TO ASSIGN CASE TO APPELLATE ATTORNEY**

Name of Requesting Attorney _____ Phone: _____

Address: _____ Fax No: _____

Defendant/Respondent Name: _____

Type of Matter: _____ Appeal _____ Post-Conviction _____ Appeal of Post-Conviction

County: _____ Supreme Court Case No. _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

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Case No(s): _____ Charge(s): _____ Severity Level: _____

Case No(s): _____ Charge(s): _____ Severity Level: _____

Pending Deadlines: _____ for: _____

Present status of case/ any post-conviction filings: _____

Requested Assistance: _____

Reason for Request: please indicate reason for request on a separate sheet of paper.

The Defendant/Respondent is in custody **YES** _____ **NO** _____.

The Defendant/Respondent may be located at _____

****Notice of Appeal has been Filed** **NO** _____ **YES** _____

****Transcript has been ordered** **NO** _____ **YES** _____

Send or Fax to the Commission (701) 845-8633, along with copies of the Notice of Appeal and Request for Transcript

I, Robin Huseby and/or Jean Delaney, do hereby **GRANT** _____ **DENY** _____ this request to assign case to an appellate attorney.

Dated this _____ day of _____, 20__.

Appellate Attorney Assigned: _____

Address: _____

Phone: _____ Fax: _____

This notice shall be mailed or faxed to the requesting counsel, assigned counsel, defendant, court reporter (if transcript has been ordered), Clerk of the District Court and, if applicable, Clerk of the Supreme Court.

Date Closed _____ Case Hours _____ Travel Hours _____