

**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 _____, 200__.

Appellate Attorney Assigned: _____

Address: _____

Phone: _____ Fax: _____

This notice shall be mailed or faxed to the requesting counsel, assigned counsel, defendant, Clerk of the District Court and, if applicable, Clerk of the Supreme Court.

Date Closed _____ Case Hours _____ Travel Hours _____