

**NOTICE OF ELIGIBILITY FOR APPOINTED COUNSEL
(CONFLICT RE-ASSIGNMENT)**

Name of Attorney: _____

Phone: _____

Defendant Information:

Name: _____ Address: _____

Phone: (H) _____ (B) _____

County of Case: _____

Case Number (s) – Offense – Severity: _____

Co-Defendant(s): _____

Victim(s): _____

In Custody: YES _____ NO _____

**REASON FOR
CONFLICT:**

GRANTED DENIED

By: _____ Date: _____
(Lead Counsel/Commission Personnel)

FAX TO AREA LEAD CONTRACTOR OR COMMISSION ON LEGAL COUNSEL
FOR INDIGENTS

ASSIGNMENT OF COUNSEL – NOTICE-CONFLICT RE-ASSIGNMENT
(Completed by Lead Contractor or Commission Personnel)

NEW Attorney Assigned: _____ **Address:** _____

Phone: _____

Date Assigned: _____

Faxed to: _____
(FAX to Conflicted Attorney, New Assigned Attorney and Clerk of Court/Court Personnel)

This is to certify that notification has been faxed, mailed or emailed to the Defendant on

_____.

Date Closed _____ **Case Hours** _____ **Travel Hours** _____