

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF RIGHT TO APPELLATE REVIEW AND REQUEST FOR APPOINTMENT OF ATTORNEY	CASE NO. Judge:
Court address	Court telephone no.	

THE PEOPLE OF THE STATE OF MICHIGAN

v

Defendant's/Juvenile's name, address, and telephone no.

Note to court: This form must be given to the defendant/juvenile at sentencing. A separate form must be provided for each case.

1. You are entitled to appellate review of your conviction and sentence. This is done by filing a claim of appeal by right, or when you are not entitled to file a claim of appeal by right, an application for leave to appeal. If you pled guilty or nolo contendere, an appeal must be done by filing an application for leave to appeal.
2. If you cannot afford to hire an attorney to represent you on appeal and you request an attorney, the court will appoint an attorney for you.
3. You may request an attorney by completing the request for appointment of attorney section below and returning this form to the trial court within 42 days after sentencing.

Receipt of Notice

Date

Defendant's/Juvenile's initials

REQUEST FOR APPOINTMENT OF ATTORNEY

Instructions to defendant/juvenile: To request an attorney to represent you on appeal, the completed and signed form should be received by the trial court within 42 days after sentencing. Keep a copy for yourself. If you experience problems in a felony case, write to the Michigan Appellate Assigned Counsel System, 200 N. Washington Square, Suite 250, Lansing, MI 48933.

I request appointment of an attorney to represent me on appeal. I provide the following financial information for the court to determine whether I am indigent.

<p>▶ _____</p> <p style="font-size: small;">Date</p>	<p>_____ ◀</p> <p style="font-size: small;">Signature of defendant/juvenile</p>
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Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Room/Board <input type="checkbox"/> Live with parents <input type="checkbox"/> Prison _____ Number	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number
Employer name and address <input type="checkbox"/> NONE	Length of employment Average pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
Other income State monthly amount and source. E.g., MDHHS, VA, rent, pensions, spouse, unemployment. <input type="checkbox"/> NONE	
Assets State value of car, home, bank accounts, inmate accounts (attach a certified account statement), etc. <input type="checkbox"/> NONE	
Obligations/Debts Itemize monthly rent, installment payments, mortgage payments, child support, etc. <input type="checkbox"/> NONE	