

PLEASE SEND THIS FORM AND A COPY OF THE NOTICE OF APPEAL TO THE OPD APPELLATE DIVISION (opd-new.appeals@maryland.gov) ON THE SAME DAY YOU NOTE THE APPEAL.

OFFICE OF THE PUBLIC DEFENDER – APPELLATE DIVISION

Chief Attorney: Brian Zavin (410) 767-8523 brian.zavin@maryland.gov

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CRIMINAL + DELINQUENCY APPELLATE WORKSHEET

Name of client:

Jurisdiction:

Case No.:

Client's date of birth:

Client's Inmate ID #:

Client's present location/address:

Does client need an interpreter? Yes No If yes, what language:

If client was sentenced to less than three years, please provide contact information for the client upon release (e.g. home address, phone number, email address, family or partner's contact information):

This is an appeal from:

Trial

Not Guilty Statement of Facts

Conditional Guilty Plea¹

Delinquency adjudication and disposition

Other – Please explain:

Trial & pretrial hearing dates (please note presiding judge/magistrate for each if known):

If recordings were returned to counsel or the police, or if any documents or photos were returned without being scanned to MDEC, please describe what they were and to whom they were returned:

¹ If this was a regular guilty plea or a violation of probation, a notice of appeal is insufficient. The only way to seek appellate review is to file an application for leave to appeal that complies with Rule 8-402.

Offense(s) convicted of or found involved in:

Sentence imposed:

Date sentenced:

Date appeal filed:

Name of trial counsel:

Trial counsel's phone number and email address:

Trial counsel was a(n):

Assistant Public Defender

Panel Attorney

Private attorney

Were there any co-defendants or co-respondents? Yes No

If yes, please list their name(s):

Please describe any other potential conflict (e.g. witness, victim):

Briefly identify the appealable issues:

(Continue on next page if needed)

