

The Osborne Association

Court Advocacy Services (CAS)



ATTORNEY REQUEST FOR SERVICES

To refer a case to The Osborne Association's Court Advocacy Services, please attach a copy of the criminal court complaint, rap sheet, indictment papers and CIA interview. As a defender-based program, we act on behalf of defense counsel and are covered by attorney-client privilege. You are expected to approve any report prepared at your request. Only aggregate data gathered about your client is reported to the city and state, with identifying information deleted.

ATTORNEY INFORMATION:

Name: _____ Firm: _____
Address: _____ City: _____
State _____ Zip _____ Phone: (____) _____ Fax: (____) _____
Best Time to Reach? _____ Assigned 18B? Y N

DEFENDANT INFORMATION:

Name: _____ DOB/Age: _____
A/K/As: _____ Book & Case #: _____
Home Address: _____ Phone: (____) _____
City: _____ State: _____ Zip: _____
Presently detained? Y / N Name of facility: _____
Co-Defendant(s) Name (s): _____ Co-Defendant(s) Counsel: _____

CASE INFORMATION:

Date of Arrest: ___/___/___ [] ROR [] Out on Bail [] Bail Amount _____ [] Remand
If client is VOP: Date Detained: ___/___/___ OR Date violated: ___/___/___
Charge (s): PL Section (s) _____
Docket # _____ Indictment # _____ NYSID # _____
County: _____ Court: _____ Judge _____ Part _____
ADA or Revocation Specialist: _____ Next Court Date: ___/___/___
Current DA's Plea Offer: Charge _____ Sentence _____ Youthful Offender? Y N
Best Plea Offer Expected: Charge _____ Sentence _____ Youthful Offender? Y N
Last Court Date ___/___/___ What happened? _____
Please provide a brief description of current case status: _____

Are there any other cases pending against this defendant, including Family Court cases, violation of probation or parole or outstanding warrants? Y / N Describe: _____

Name of attorney for outstanding cases: _____

REPORT REQUESTED:

Bail Application Motion to Dismiss Pre-Plea Memorandum
 Pre-Sentence Memorandum Removal to Family Court

OTHER SERVICE REQUESTED

Referral for Treatment Psychological Evaluation Other

PRIOR CRIMINAL HISTORY

Number of prior arrests: _____ Number of prior convictions: _____ _____ _____
Number of prior findings: _____
Family Court Designated Felony? Y N Prior Penal Time? Y N Prior placements? Y N
Youthful Offender Status? Y N Most recent conviction: _____ / _____ / _____

With CAS's intervention, what is the most favorable outcome that is legally possible? _____

Is there anything else that would help us in interviewing your client or deciding whether to accept this case? _____

List names, telephone numbers, and address of anyone that you would like us to interview. _____

Do you suspect any of the following impairments may be related to your client's behavior?

Drug addiction Alcoholism
 Mental illness Mental Retardation
 Physical handicap/illness Other, specify _____

If your client is not reasonably fluent in English in which language should she/he be interviewed? _____

By signing below you are agreeing to have your client interviewed by CAS staff on or before the court date to determine eligibility and to assist in preparation of a treatment and/or release plan. Please note you will be contacted after your client has been interviewed to let you know if we have accepted the case.

Signature: _____ Date _____ / _____ / _____

Please reply to the Court Advocacy Services office at:

**175 Remsen Street, 8th Floor
Brooklyn, New York 11201
TEL: (718) 637-6560
FAX: (718) 237-0686**

DO NOT WRITE BELOW THIS LINE - PROGRAM USE ONLY

REF # _____ Date referral received: ____ / ____ / ____
Date of call to Attorney ____ / ____ / ____ Defendant _____
Client Accepted for services? Y / N If "No", Reason Rejected: _____
Advocate Assigned _____
Date Assigned _____ Interview Date ____ / ____ / ____
Work Product Requested: _____
Next court date ____ / ____ / ____ Part _____ Judge _____
Comments _____