

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 CJA interview. As a defender-based program, we act on behalf of defense counsel and are covered by your privilege. You are expected to approve any report prepared at your request. Information gathered about your client is reported to the city and state in aggregate form only, with identifying information deleted.

ATTORNEY INFORMATION:

Name: _____
Address: _____ City: _____
State _____ Zip _____ Phone: () _____ Fax: () _____
Email: _____ Best Time to Reach? _____
Attorney Type: 18B Non-18b Public Defense: Name of Organization: _____
 Retained (Proof of Indigence Obtained) Retained (FFS)

CLIENT INFORMATION:

First Name: _____ MI _____ Last Name: _____
A/K/A's: _____
NYSID (REQUIRED FIELD) _____ DOB: _____
Phone: () _____ Email: _____
Home Address: _____
City: _____ State: _____ Zip: _____

CASE INFORMATION:

Current Release Status: Jail In Community Release Type: ROR Out on Bail Remand
DOC Facility: _____ Book & Case #: _____
Currently on Parole? Yes No Currently on Probation? Yes No
Next Court Date: ____/____/____ Judge _____ Part _____
If your client is not reasonably fluent in English, in which language should s/he be interviewed? _____
Date of Arrest: ____/____/____ Is this a VOP? Yes No If VOP: Date Detained: ____/____/____
OR Date violated: ____/____/____ Bail Amount \$ _____
Charge (s): PL Section (s) _____
Docket # _____ Indictment # _____
County/District: _____ Court: _____ ADA/Revocation Specialist: _____
Co-Defendant (s) Name (s): _____ Co-Defendant (s) Counsel: _____

Current Plea Offer: Charge _____

Plea Offer at Time of Referral: Sentence _____ Youthful Offender Eligible? Yes No

Client's exposure without CAS involvement: Charge _____ Sentence _____

Last Court Date / ____ / ____ What happened? _____

Please provide a brief description of current case status: _____

Most favorable outcome with CAS involvement: _____

Are there any other cases pending against this your client, including Family Court cases, violation of probation or parole or outstanding warrants? Yes No

Describe other pending cases: _____

Name of attorney for outstanding cases: _____

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. _____

PRIOR CRIMINAL HISTORY

of prior arrests: _____

Total # of prior convictions: _____

of Y.O. Misdemeanor Convictions: _____

of Y.O. Felony Convictions: _____

Y.O. Cases Pending: _____

Family Court: Prior Findings? Yes No

Year of Most Recent Conviction _____

of Adult Misdemeanor Convictions: _____

of Adult Felony Convictions _____

Adult Cases Pending: _____

Prior placements? Yes No

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 _____

REPORT REQUESTED:

Report to Support Bail Application Pre-Plea Memo Pre-Sentence Memo

Report to Support Clayton Motion

OTHER SERVICES REQUESTED

Referral for Treatment Arrange for Psychological Evaluation Other _____

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 report/other service requested. Please note you will be contacted after your client has been interviewed to let you know if we have accepted the case. Please notify your client that you have requested our services to ensure their full cooperation.

Signature: _____

Date ____/____/____

Please reply to 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

Client Name: _____

Date referral received: ____/____/____

Referral Outcome: Pending Accepted Declined Services Released Prior to Intake Referral withdrawn
 Rejected-Incomplete Referral Other, Explain _____

Referral Outcome Date: ____/____/____