

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 #: _____ Arrest #: _____

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?

☐ Substance use

☐ Alcohol use

☐ Mental illness

☐ Intellectual Disability

☐ 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

Phone: 718-637-6572 or 347-766-9084 | EFax: 347-498-2506

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: ____/____/____