

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	NOTICE OF RIGHT TO APPELLATE REVIEW AND REQUEST FOR APPOINTMENT OF ATTORNEY	CASE NO. and JUDGE
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Court address _____ **Court telephone no.** _____

The People of the State of Michigan	v	Defendant's/Juvenile's name, address, and telephone no.
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Note to court: This form must be given to the defendant/juvenile at sentencing. A separate form must be provided for each case. Additionally, when this request is filed with the court, the court must serve MAACS with a copy of the written order denying or appointing counsel. MCR 6.425(G)(1)(g).

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, an attorney may be appointed 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 or the Michigan Assigned Counsel System (MAACS) at the address listed below. If you were convicted by trial and wish to preserve your automatic right to appeal, the form must be received within 42 days after sentencing. If you were convicted by plea or do not submit this form within 42 days after sentencing, you may still file an application for leave to appeal if the form is received within 6 months 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 or MAACS within the timeline outlined above. Keep a copy for yourself. **To submit the form to MAACS, please send the form to: Michigan Appellate Assigned Counsel System, 212 E César E. Chávez Ave, Lansing, MI 48906.**

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.

Date _____	Signature of defendant/juvenile _____
Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Room/Board <input type="checkbox"/> Live with relative(s) <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	