

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>NOTICE OF RIGHT TO APPELLATE REVIEW AND REQUEST FOR APPOINTMENT OF ATTORNEY</b>	<b>CASE NO.</b>  <b>Judge:</b>
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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.

**NOTICE OF RIGHT TO APPELLATE REVIEW** Note to court: This notice must be given to the defendant/juvenile at sentencing.

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. Whether you appeal by right or apply for leave to appeal, if you cannot afford to hire an attorney to represent you on appeal and you request an attorney, the court will appoint an attorney and furnish the attorney with the portions of the transcript and record that the attorney needs.
3. A request for the appointment of an attorney must be made in writing and sent directly to the court at the address noted above within 42 days. The financial schedule on the back of this form must be completed.

**RECEIPT OF NOTICE OF APPEAL RIGHTS**

On this day I received this form and financial schedule. I understand that I must return the completed Request for Appointment of Attorney to the court within 42 days if I want an attorney appointed for my appeal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of defendant/juvenile

**REQUEST FOR APPOINTMENT OF ATTORNEY AND AFFIDAVIT OF INDIGENCY**

I request appointment of an attorney to appeal my conviction. If applicable, conditions for my request are on the back of this form. The affidavit of indigency and financial schedule on the back of this form is submitted to show my financial condition.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of defendant/juvenile

**NOTE TO DEFENDANT/JUVENILE:** After completing the request for appointment of attorney and the affidavit of indigency and financial schedule, keep one copy for yourself and return the other copy to the court.

**NOTE:** To properly start an appeal and request counsel, you must fill out the Receipt of Notice of Appeal Rights and the Request for Appointment of Attorney, above, as well as the Affidavit on the back. This form must be received by the court within 42 days of entry of the judgment of sentence.

**AFFIDAVIT OF INDIGENCY AND FINANCIAL SCHEDULE**

I request a court-appointed attorney and submit the following information:

<b>1. RESIDENCE</b> <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents <input type="checkbox"/> Room/Board <input type="checkbox"/> Prison _____ Number	
<b>2. MARITAL STATUS</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Dependents: _____ Number	
<b>3. INCOME</b> a. Employer name and address	b. Length of employment
	c. Average pay <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> every two weeks Gross: \$ _____ Net: \$ _____
d. Other income (state monthly amount and source [DHS, VA, rent, pensions, spouse, unemployment, etc.]) If no income, state NONE.	
<b>4. ASSETS</b> State value of car, home, bank deposits, inmate accounts, bonds, stocks, etc. If no assets, state NONE. Attach an account statement and certification for assets in prison accounts.	
<b>5. OBLIGATIONS</b> Itemize monthly rent, installment payments, mortgage payments, child support, etc.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan  
Date

My commission expires: \_\_\_\_\_ Date    Signature: \_\_\_\_\_  
Notary public

Notary public, State of Michigan, County of \_\_\_\_\_