

APPELLATE INVESTIGATION PROJECT
INVESTIGATIVE SUPPORT REQUEST FORM

Client name and DOB:

Conviction(s):

Sentence:

County and Judge:

Co-defendant's name(s):

Current procedural posture of the case and upcoming deadline:

Short Case Summary:

Need for Investigation or Expert Assistance: What are you hoping to learn?

What legal claim(s) do you believe investigation/assistance may help substantiate? Be specific.

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Describe any specific tasks anticipated and estimate the total amount of investigator time involved:

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What steps have you already taken?

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Attorney name:

Phone number & email:

Date of Request:

Email request form to Katherine Marcuz at kmarcuz@sado.org or fax to 313-965-0372
Please attach relevant trial transcripts, appellate briefs if filed, and any additional materials that would aid review including discovery materials and police reports.