

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 Brett DeGroff at [bdegroff@sado.org](mailto:bdegroff@sado.org) or fax to 517-334-6987  
Please attach relevant trial transcripts, appellate briefs if filed, and any additional materials that would aid review including discovery materials and police reports.