

Michigan Appellate Assigned Counsel System

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## **Request for Mitigation Support**

 $Please\ send\ completed\ form\ to\ Emily\ Swanson\ at\ eswanson@sado.org$ 

Attorney:	Date of Request:
Client Name:	Client DOB:
Upcoming relevant deadlines or hearing dates:	
Original sentence:	
Reason for resentencing:	
Relevant Conviction(s):	
Please provide a brief description of services needed. What role do you see mitigation playing in your client's case?	