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Request for Intern Assistance

Please send completed form to Stephanie Farkas at sfarkas@sado.org

Attorney Information

Attorney Name: _____
Date of Request: _____
Preferred Method of
Communication
(Phone or email): _____

Client Information

Client Name: _____
Client DOB and
Location: _____
Convicted of: _____
Sentence Imposed: _____
Plea or Trial Conviction: _____

Assignment Information

Deadline for
Assignment: _____
Trial or
Appellate Court: _____

Please provide a description of
assistance/service(s) requested
(use additional page if needed):

