



REGIONAL MANAGED ASSIGNED COUNSEL OFFICE  
APPOINTMENT REQUEST FORM

**Appointment for Misdemeanors ONLY. No Civil Infractions.**

**THIS SECTION FOR COURT USE ONLY**

**Defendant Information**

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
In Custody? Yes \_\_\_ No \_\_\_ In-Custody Facility: \_\_\_\_\_

**Case Information**

\_\_\_ District Court Judge: \_\_\_\_\_

***For multiple cases, please enter information for each case number. If there are more cases, please attach a supplement sheet with each case and its information.***

Case No.: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute/Code: \_\_\_\_\_  
Bond Amount: \$ \_\_\_\_\_ Bond Type: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Case No.: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute/Code: \_\_\_\_\_  
Bond Amount: \$ \_\_\_\_\_ Bond Type: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Case No.: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute/Code: \_\_\_\_\_  
Bond Amount: \$ \_\_\_\_\_ Bond Type: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Case No.: \_\_\_\_\_ Charge: \_\_\_\_\_ Statute/Code: \_\_\_\_\_  
Bond Amount: \$ \_\_\_\_\_ Bond Type: \_\_\_\_\_ Date Posted: \_\_\_\_\_

**Next Hearing**

Next Hearing Date: \_\_\_\_\_ Time: \_\_\_\_\_ Hearing Type: \_\_\_\_\_  
Judge: \_\_\_\_\_

***TO BE COMPLETED BY RMACO:***

Date assigned: \_\_\_\_\_ Attorney Assigned: \_\_\_\_\_ P- \_\_\_\_\_

Case Mgr initial: \_\_\_\_\_



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**ACKNOWLEDGMENT OF APPOINTMENT & INITIAL INTERVIEW**

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You are appointed the case(s) listed on the attached Appointment Request Form, which serves as your notice of appointment. Please verify acknowledgment of appointment and verification of compliance with MIDC Standard 2. This standard requires initial interviews for local in-custody clients to be completed with 3 business days. For clients in MDOC or other counties, an attempt to arrange a video visit is required by the RMACO. When a client is not in custody, counsel shall promptly deliver an introductory communication to schedule an initial interview prior to pretrial. This should be done within 5 business days.

***Please fill out the initial interview information, sign the acknowledgment and verification section, and return both forms by email w/in 7 business days to one of these emails based on your court:***

- [regionallapt1@dearborn.gov](mailto:regionallapt1@dearborn.gov) for M. Clay
- [regionallapt2@dearborn.gov](mailto:regionallapt2@dearborn.gov) for J. Nakhleh
- [regionallapt3@dearborn.gov](mailto:regionallapt3@dearborn.gov) for M. Olson

Defendant Name: \_\_\_\_\_ Case No(s): \_\_\_\_\_

Initial Interview Date: \_\_\_\_\_ Start time: \_\_\_\_\_ End time: \_\_\_\_\_ Total time: \_\_\_\_\_

Dates of Attempted Contact	Phone # Called	Message left? Yes or no. If not, explain.

\_\_\_\_\_  
Attorney Signature P# Date

***TO BE COMPLETED BY RMACO:***

Review Date: \_\_\_\_\_ Initial: \_\_\_\_\_