



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: \_\_\_\_\_ Date of Arraignment: \_\_\_\_\_

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

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

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

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

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

**Next Hearing**

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

**TO BE COMPLETED BY RMACO:**

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

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



## REGIONAL MANAGED ASSIGNED COUNSEL OFFICE

### 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 housed in MDOC or other county jails, 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 below, sign and upload the form in ZLS to the initial interview task for the case w/in 7 business days. Any questions regarding your initial interview form or appointment should be directed to one of these emails based on your court:***

- [regionalapt1@dearborn.gov](mailto:regionalapt1@dearborn.gov) for 19<sup>th</sup>, 27<sup>th</sup>, 29<sup>th</sup>, 30<sup>th</sup>, 31<sup>st</sup>, 32A and 33<sup>rd</sup>
- [regionalapt2@dearborn.gov](mailto:regionalapt2@dearborn.gov) for 21<sup>st</sup>, 28<sup>th</sup>, 35<sup>th</sup>, and Grosse Pte City, Farms/Shores, & Park
- [regionalapt3@dearborn.gov](mailto:regionalapt3@dearborn.gov) for 16<sup>th</sup>, 20<sup>th</sup>, 22<sup>nd</sup>, 23<sup>rd</sup>, 24<sup>th</sup>, and 34<sup>th</sup>

District Court \_\_\_\_\_

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: \_\_\_\_\_