

Office of Public Defense Services

Request for Family Court

BEST INTEREST ATTORNEY or COURT APPOINTED ADVISOR (non-attorney)

REMINDER – The BIA/CAA will not be able to obtain the records necessary to complete the assignment until this appointment is in a minute entry that has been filed with the Clerk. Additionally, parents must pay their portions of the fee before work will begin on their matter.

Case Number:

Judge:

Interpreter Needed

Language:

Petitioner Name: DOB:

Petitioner E-mail:

Petitioner Street Address:

Petitioner City, State and Zip Code:

Petitioner Phone:

Petitioner Counsel:

Counsel Phone:

Respondent Name: DOB:

Respondent E-mail:

Respondent Street Address:

Respondent City, State and Zip Code:

Respondent Phone:

Respondent Counsel:

Counsel Phone:

Child(ren) Names (including last name):

DOB:

Children reside with:

Mother

Father

Other

If "Other" please provide name and contact information:

Hearing Information

Date:

Time:

Type:

Court's Instructions or Concerns:

Fee Payment:

County to Pay Fee (Indigence has been established and child(ren) at risk of abuse or neglect)

Parents to Pay Fee (If not 50% -50%, describe split:)

County AND Parents to Pay Fee (Describe split:)

Requester Contact Information:

Name:

Phone:

Email:

Assignment

BIA Name:

Current contact information can be found at:

http://www.maricopa.gov/ContractCounsel/Assets/Documents/Current_Contractors/10107.pdf

CAA Name:

Current contact information can be found at:

http://www.maricopa.gov/ContractCounsel/Assets/Documents/Service_Providers/CourtAppointedAdvisor.pdf

Submit Request:

E-mail (preferred) : Contactoccgrou5@mail.maricopa.gov

Fax: 602-506-3609

Phone: 602-506-7228