

**ERIE COUNTY FAMILY COURT
ADOLESCENT OFFENDER FIRST APPEARANCE REPORT
FORM**

Note to Attorney: Please complete this form for each client represented at first appearance on an AO matter. Put the completed form into the "Robert Convissar" Family Court mailbox on the 4th floor of Family Court no later than 4:00 p.m. on the day of your appearance. If you cannot do so, the form must be faxed to the Program at 856-0424 that same day.

ATTORNEY INFORMATION:

Attorney Name: _____

Date: _____ Judge: _____

CLIENT/CASE INFORMATION:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Country of Birth: _____

Superior Court Docket #(s): _____

Name of additional defendants, if any:

If there was a second defendant, he/she represented at this first appearance? Yes No;

If so, who represented that other defendant

Next Court Appearance:

Date: _____ Time: _____ Felony Hearing Yes No; Juvenile Offender Yes No;

CHARGES: _____