

ERIE COUNTY FAMILY COURT ATTORNEY ARRAIGNMENT REPORT FORM

Note to Attorney: Please complete this form for each client represented at first appearance on an Article 10 emergency remand matter. Put the completed form along with a copy of the first page of the Petition and Schedule A 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: _____

Docket #(s): _____

Name of additional respondent, if any: _____

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

If so, who represented that other respondent? _____

Next Court Appearance: _____

Date: _____ Time: _____

Current Attorney (if known) _____

Is a mental health or mental retardation issue alleged in Attachment A of the petition?

Yes No

COMMENTS: