



Legal
Services
Society

British Columbia
www.lss.bc.ca

Criminal Appeal Opinion Letter Questionnaire

Client name	_____
LSS file #	_____
Counsel name	_____
Counsel phone no.	_____
List of charges <i>Please provide a copy of the Information</i>	
Is your client in custody?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, where?	_____
Names of co-accused	Names of co-accused's counsel
Was this trial subject to the LSS Strategic Case Assessment Program (SCAP)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of judge	_____
Court location	_____
Court file no.	_____
Number of court dates	_____

