

YOUTH SERVICES OFFICIAL COPY

Exhibit 1:

REQUEST FOR LEGAL ASSISTANCE

I, _____, would like to talk to a lawyer. I would like to talk to (please select one):

Mississippi Center for Justice
Southern Poverty Law Center
Post Office Box 1023
Jackson, Mississippi 39215-1023

(Other attorney and contact information)

Please give us the name and address of your legal guardian(s) so that the attorney can arrange to visit you:

Name: _____

Relation: _____
(Parent/Grandparent/Other)

Address: _____

Telephone: _____

The State will add names of other applicable legal service entities.