

# IN THE COURT OF APPEALS OF THE STATE OF ALASKA

## DOCKETING STATEMENT C

**FOR USE IN EXPEDITED APPEALS UNDER APPELLATE  
RULE 216 AND JUVENILE APPEALS UNDER APPELLATE**

### RULE 219

Appeal filed by  Defendant  State of Alaska

(for court system use)          No. _____
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### 1. TYPE OR APPEAL

a. <input type="checkbox"/> Extradition Appeal (App. R. 216(a)(1))	b. <input type="checkbox"/> Preemptory Challenge Appeal (App. R. 216(a)(2))
c. <input type="checkbox"/> Juvenile Delinquency Appeal (App. R. 219(a)(1))	d. <input type="checkbox"/> Juvenile Waiver Appeal (App. R. 219(a)(2))

### 2. DEFENDANT (If defendant is juvenile, use initials.)

a. Name	b. Did defendant have co-counsel status in the trial court? <input type="checkbox"/> YES <input type="checkbox"/> NO
c. Defendant Mailing Address * (not attorney's address)	Will defendant seek co-counsel status in the appellate court? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
City                      State                      Zip Code	d. Telephone

\* If defendant is incarcerated, include name and mailing address of correctional facility.

### 3. DEFENDANT'S ATTORNEY IN APPEAL

Defendant not represented by attorney in appeal.

a. Name <span style="float: right;"><input type="checkbox"/> Court Appt</span>	b. Bar Number	
c. Attorney Mailing Address	d. Telephone	e. Fax
City                      State                      Zip Code	f. Firm/Agency	

Same as attorney in appeal.

### 4. DEFENDANT'S ATTORNEY IN TRIAL COURT

Defendant not represented by attorney in trial court.

a. Name	b. Bar Number	
c. Attorney Mailing Address	d. Telephone	e. Fax
City                      State                      Zip Code	f. Firm/Agency	

### 5. PROSECUTING ATTORNEY \*

a. Name	b. Bar Number	
c. Attorney Mailing Address	d. Telephone	e. Fax
City                      State                      Zip Code	f. Agency	

\* Specify attorney who will handle appeal, if known. Otherwise, specify trial attorney.

### 6. EXTRADITION APPEAL

a. Superior Court Case No.	b. Superior Court Judge	c. Date Order or Judgment Distributed
d. Offense(s) for which extradition sought:		e. Requesting State
f. Pending Charges in Alaska	Trial Court Case No.	Status of Case

**7. PEREMPTORY CHALLENGE APPEAL**

a. Trial Court Case No.	b. Judge Who is the Subject of Challenge	c. Date Order or Judgment Distributed
f. Pending Charges in Alaska  <input type="checkbox"/> YES <input type="checkbox"/> NO	e. Pending Charges in Trial Court	

**8. JUVENILE APPEAL (DOB: \_\_\_\_\_)**

a. Superior Court Case No. _____	b. Superior Court Judge _____	c. Date Order Distributed _____
d. Juvenile Delinquency Appeal Nature of Appeal <input type="checkbox"/> adjudication only <input type="checkbox"/> disposition only <input type="checkbox"/> adjudication and disposition Part of disposition being appealed <input type="checkbox"/> Institutional Commitment <input type="checkbox"/> Probation <input type="checkbox"/> Other. Specify _____	e. Juvenile Waiver Appeal. List Underlying Charges(s) _____ _____ _____	

**9. ATTACHMENTS**

The following items are submitted with this form:

a.  A copy of the final order or judgment from which the appeal is taken.

c.  A \$250 filing fee or  a motion to appeal at public expense (financial statement affidavit form must be included).  
 a motion to waive filing fee (financial statement affidavit form must be included).  
 no filing fee is required because appellant is  represented by court-appointed counsel,  
 the state or an agency thereof.

d.  For juvenile appeal only: A designation of electronic recording  submitted.  
 not submitted (no electronic recording being requested).  
 motion to extend submitted.

\_\_\_\_\_

Date Signature

\_\_\_\_\_ of Appellant or Appellant's Attorney

**10. ATTORNEY INFORMATION\***

a. Name _____	b. Bar Number _____
c. Attorney Mailing Address _____	d. Telephone _____
e. Fax _____	f. Firm/Agency _____
City _____ State _____ Zip Code _____	

\*Complete this box only if the attorney who signs form is not the attorney named in box 2, 3, or 4.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ a copy of the notice of appeal, this docketing statement, and all attachments (except filing fee) were

mailed	delivered	to All parties in the trial court (listed)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: \_\_\_\_\_

**FILING INSTRUCTIONS**

File original docketing statement and notice of appeal with all attachments listed in #9 and ONE copy of ALL except filing fee.