IN THE COURT OF APPEALS (for court system use) **OF THE STATE OF ALASKA DOCKETING STATEMENT D** FOR USE IN CRIMINAL APPEALS FROM DISTRICT **COURT UNDER APPELLATE RULE 217** Appeal filed by 🗌 Defendant 🔲 State of Alaska No. **1. DEFENDANT** b. Did defendant have co-counsel YES NO a. Name status in the trial court? c. Defendant Mailing Address * (not attorney's address) d. Will defendant seek co-counsel YES NO status in the appellate court? UNKNOWN State Zip Code e. Telephone City * If defendant is incarcerated, include name and mailing address of correctional facility. 2. DEFENDANT'S ATTORNEY IN APPEAL Defendant not represented by attorney in appeal. a. Name b. Bar Number Court Apptd c. Attorney Mailing Address d. Telephone e. Fax City State Zip Code f. Firm/Agency Same as attorney in appeal. **3. DEFENDANT'S ATTORNEY IN TRIAL COURT** Defendant not represented by attorney in trial court. a. Name b. Bar Number

c. Attorney Mailin	ng Address		d. Telephone	e. Fax
City	State	Zip Code	f. Firm/Agency	

4. PROSECUTING ATTORNEY *

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

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

5. TRIAL COURT PROCEEDING

a. Case	a. Case No.			b. Trial Judge	c. Date J		Judgment Distributed	
d. Post-	d. Post-Judgment Motions: List all post-judgment motions that affect time for filing appeal. See Appellate Rule 204(a)(4).							
DAT	DATE OF FILING					DATE OF	RDER DISTI	RIBUTED
Month	Day	Year	Type of Post-Judgment Motion			Month	Day	Year

5. TRIAL COURT PROCEEDING (continued)

e. Co-I	Defendant	s: List al	l co-defendants in trial court proceeding.			
		Co-	Defendant's Name	Co-Defendant's Trial Court Case No.		
			al Court: List all related trial court cases in rate trial of defendant on related charges).	nvolving defendant (e.g., post-convict	ion relief proceeding under	
DATE OF FILING						
Month	Month Day Year Type of		Type of Pro	ceeding	Trial Court Case No.	

6. JUDGMENT OR ORDER BEING APPEALED

a. Judgi	a. Judgment (merit appeal or combined merit and sentence appeal). Provide the following information for each conviction being appealed						
~		NATURE OF APPEAL		PART OF SENTENCE BEING APPEALED			
Count No.	Offense	Conviction Only	Conviction and sentence	Jail	Fine	Other (specify)	
	b. Order. Specify: Order of dismissal. Order granting or denying post-conviction relief (Criminal Rule 35.1). Order granting or denying motion to reduce or correct sentence (Criminal Rule 35(a) or (b)). Order granting or denying motion for new trial. Order granting or denying motion to withdraw plea. Order imposing attorney sanctions. Other. Specify nature of order:						

7. RELATED PROCEEDINGS IN APPELLATE COURT

		edings. I e listed in	List other pending proceedings in superior court or court of appeals that involve 5.a.	defendant and arise out of the	
DAT	E OF FII	LING			
Month	Day	Year	Pending Proceedings	Appellate Court Case No.	
	b. Prior Proceedings. List prior proceedings in superior court or court of appeals that involved defendant and arose out of the trial court case listed in 5.a.				
DAT	E OF FII	LING			
Month	Day	Year	Prior Proceedings	Appellate Court Case No.	

8. ATTACHMENTS

The following items are submitted with this form:				
a. A copy of the final order or judgment from which the appeal is taken.				
b. A statement of points on appeal.				
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).				
an application for exemption from filing fee under AS 9.19.010.				
no filing fee is required because appellant is represented by court-appointed counsel, and AS 9.19.010 does not apply.				
the State of Alaska.				
d. A designation of electronic record submitted.				
not submitted (no electronic record being requested).				
Reason why no electronic record is being requested:				
motion to extend submitted				

Date

Signature of Appellant or Appellant's Attorney

9. ATTORNEY INFORMATION*

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

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

CERTIFICATE OF SERVICE

Signature:_____

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)

FILING INSTRUCTIONS

File original docketing statement and notice of appeal with all attachments listed in #8 and ONE copy of ALL except filing fee.

COA-D-3 (rev. 1/18)