

**DOCKETING STATEMENT FOR CRIMINAL APPEALS**

(Return form to the Appellate Court Clerk's Office within 15 days)

**Case Style:** \_\_\_\_\_

**Appeal No.:** \_\_\_\_\_

**Appellant:** \_\_\_\_\_

**County/Court:** \_\_\_\_\_

**Trial Judge:** \_\_\_\_\_

**Trial Court Number(s):** \_\_\_\_\_

Nature of Case (Original Appeal, Post-Conviction, Habeas Corpus, Probation Revocation, etc.):

\_\_\_\_\_

Offense Name(s) and TCA Section No(s): \_\_\_\_\_

Sentence(s): \_\_\_\_\_

Date of Offense(s): \_\_\_\_\_

Date of Final Judgment/Final Order appealed from: \_\_\_\_\_

Date of Denial of Motion for New Trial (or other applicable Post-Trial Motion): \_\_\_\_\_

Date Transcript Ordered or Notice that no Transcript will be Filed: \_\_\_\_\_

Is Appellant:  Incarcerated/TOMIS #: \_\_\_\_\_  On Appearance Bond (*provide copy*)

Indigent?  Yes  No  On Own Recognizance (*provide proof*)

(If yes, provide proof)

Appellant's Address (include Facility name):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Attorney's Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Appointed  Retained

\_\_\_\_\_  
(Signature of Counsel or Pro Se Party)

\_\_\_\_\_  
(Date)