

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)