

Criminal Docket Statement
(Must Be Typed and Filed In Duplicate and Served On Opposing Counsel)

1. Case Caption _____ vs. _____	2. Appeal No. _____ 3. Trial No. _____ 4. Trial Judge _____ 5. Related Appeals _____ 6. Date of Judgment/ Order Appealed From _____ 7. Date Appeal Filed _____
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8. Counsel for Appellant E-Mail address _____	9. Counsel for Appellee E-Mail address _____
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10(A) Civil Rule 54-B If multiple judgments or claims: Does Civil Rule 54-B Apply: Yes No	If yes, does the judgment include a certification of "No Just Cause for Delay?" <div style="text-align: right;">Yes No</div>
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11. Record
There will be a partial transcript of proceedings filed. Yes No
The parts to be ordered are: _____

There will be a complete transcript of proceedings filed. Yes No
If either of the above are applicable the court reporter's certification below must be completed.

If neither of the above are applicable then one of the following must be checked:

There will be a statement filed pursuant to App. R. 9(C)	Yes No
There will be an agreed statement filed pursuant to App. R. 9(D)	Yes No
There is no transcript, statement or agreed statement to be filed.	Yes No

Checking any of the above three will be deemed sufficient compliance with App. R. 9(C) and Local Rule 19.1.

12. Assignment to Accelerated Calendar
Does appellant request the appeal(s) to be assigned to the Court's Accelerated Calendar pursuant to App. R. 11.1 and Loc. R. 11.1.1? Yes No

13. Court Reporter's Certification
The transcript as ordered consists of approximately _____ pages and pursuant to Local Rule 10, the transcript will be prepared and ready for filing on _____

Date: _____ Signature: _____

14. Brief
Upon the filing of the complete record I request _____ days to file the brief and assignments of error.

15. Nature of Appeal
Please Check All That Apply and Provide Specific Information Whenever Space Is Provided.
BE SURE TO NOTE IF THIS APPEAL IS PURSUANT TO APP R. 11.2 ADOPTION OR TERMINATION OF PARENTAL RIGHTS.

<input type="checkbox"/> APP R. 11.2 ADOPTION OR TERMINATION OF PARENTAL RIGHTS <input type="checkbox"/> Administrative _____ <input type="checkbox"/> Attorney Fees _____ <input type="checkbox"/> Civil Service _____ <input type="checkbox"/> Constitutional Law _____ <input type="checkbox"/> Contracts _____ <input type="checkbox"/> Corporations/Partnerships _____ <input type="checkbox"/> Damages _____ <input type="checkbox"/> Declaratory Judgment _____ Domestic Relations/Children <input type="checkbox"/> Child Support _____ <input type="checkbox"/> Custody _____ <input type="checkbox"/> Dependency _____ <input type="checkbox"/> Divorce _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Insurance _____ <input type="checkbox"/> Landlord/Tenant _____ <input type="checkbox"/> Procedure/Rules _____ <input type="checkbox"/> Real Property _____ <input type="checkbox"/> Summary Judgment _____ <input type="checkbox"/> Tax _____ Tort <input type="checkbox"/> Intentional Tort - Workplace _____ <input type="checkbox"/> Malpractice _____ <input type="checkbox"/> Negligence - Auto _____ <input type="checkbox"/> Negligence - _____ <input type="checkbox"/> Product Liability _____ <input type="checkbox"/> Slip and Fall _____ <input type="checkbox"/> Other: _____	Trial Matters <input type="checkbox"/> Evidence _____ <input type="checkbox"/> Jury Instructions _____ <input type="checkbox"/> Expert Witnesses _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Weight of Evidence _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unemployment Compensation _____ <input type="checkbox"/> Weight/Sufficiency of Evidence _____ <input type="checkbox"/> Workers Compensation _____ <input type="checkbox"/> Writs _____ <input type="checkbox"/> Zoning _____ <input type="checkbox"/> Other: _____
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16. Probable Issues for Review

17. Certificate of Service
I certify that I have mailed or otherwise delivered a copy of this docket statement to all counsel of record or the parties if unrepresented.

Date: _____ Signature: _____