

A. GENERAL INFORMATION:

CIRCUIT COURT
 DISTRICT COURT
 JUVENILE COURT OF _____ COUNTY
 _____, Appellant

 v.
 STATE OF ALABAMA
 MUNICIPALITY OF _____

Case Number	Date of Complaint or Indictment	Date of Judgment/Sentence/Order
Number of Days of Trial/Hearing Days	Date of Notice of Appeal Oral:	Written:
Indigent Status Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Indigent Status Granted: <input type="checkbox"/> Yes <input type="checkbox"/> No		

B. REPRESENTATION:

Is Attorney Appointed or Retained ? <input type="checkbox"/> Appointed <input type="checkbox"/> Retained		If no attorney, will appellant represent self? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appellant's Attorney (Appellant if pro se) Attach additional pages if necessary)		Telephone Number	
Address	City	State	Zip Code

C. CODEFENDANTS: List each CODEFENDANT and the codefendant's case number:

Codefendant	Case Number
Codefendant	Case Number
Codefendant	Case Number

D. TYPE OF APPEAL : Please check the applicable block

- | | | | |
|---|--|--|---|
| 1 <input type="checkbox"/> State Conviction | 4 <input type="checkbox"/> Pretrial Order | 7 <input type="checkbox"/> Juvenile Transfer Order | 10 <input type="checkbox"/> Other (Specify) |
| 2 <input type="checkbox"/> Post-Conviction Remedy | 5 <input type="checkbox"/> Contempt Adjudication | 8 <input type="checkbox"/> Juvenile Delinquency | _____ |
| 3 <input type="checkbox"/> Probation revocation | 6 <input type="checkbox"/> Municipal Conviction | 9 <input type="checkbox"/> Habeas Corpus Petition | _____ |

E. UNDERLYING CONVICTION/CHARGE: Regardless of the type of appeal checked in Section D, please check the box beside each offense category for which the appellant has been convicted or charged as it relates to this appeal. Also include the applicable section of the Code of Alabama for State convictions.

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Capital Offense - § _____ | 6 <input type="checkbox"/> Trafficking in Drugs - § _____ | 11 <input type="checkbox"/> Fraudulent Practices - § _____ |
| 2 <input type="checkbox"/> Homicide - § _____ | 7 <input type="checkbox"/> Theft - § _____ | 12 <input type="checkbox"/> Offense Against Family - § _____ |
| 3 <input type="checkbox"/> Assault - § _____ | 8 <input type="checkbox"/> Damage or intrusion to Property - § _____ | 13 <input type="checkbox"/> Traffic – DUI - § _____ |
| 4 <input type="checkbox"/> Kidnapping /Unlawful imprisonment § _____ | 9 <input type="checkbox"/> Escape - § _____ | 14 <input type="checkbox"/> Traffic – Other - § _____ |
| 5 <input type="checkbox"/> Drug Possession- § _____ | 10 <input type="checkbox"/> Weapons/Firearms - § _____ | 15 <input type="checkbox"/> Miscellaneous (Specify) : _____ - § _____ |

F. DEATH PENALTY:

Does this appeal involve a case where the death penalty has been imposed? Yes No

G. TRANSCRIPT:

1. Will the record on appeal have a reporter's transcript? Yes No
2. If the answer to question "1" is "yes", state the date the Reporter's Transcript Order was filed. _____
3. If the answer to question "1" is "no":
 - (a) will a stipulation of facts be filed with the circuit clerk? Yes No
 - (b) will the parties stipulate that only questions of law are involved and will the trial court certify the questions? Yes No

NOTE: If the appeal is from the district or juvenile court and the answer to question "1" is "No", then a positive Response is required for question 3(a) or 3(b).

H. POST-JUDGMENT MOTIONS: List all post-judgment motions by date of filing, type, and date of disposition (whether by trial court order or by the provisions of Rule 20.3 and 24.4 9(ARCrP))

DATE OF FILING			TYPE OF POST-JUDGMENT MOTION	DATE OF DISPOSITION		
Month	Day	Year		Month	Day	Year

I. NATURE OF THE CASE: Without argument, briefly summarize the facts of the case

J. ISSUE(S) ON APPEAL: Briefly state the anticipated issues that will be presented on appeal. (Attach additional pages if necessary)

K. SIGNATURE:

Date

Signature of Attorney/Party Filing this Form