

**UNITED STATES COURT OF APPEALS
DISTRICT OF COLUMBIA CIRCUIT**

333 Constitution Avenue, NW
Washington, DC 20001-2866
Phone: 202-216-7000 | Facsimile: 202-219-8530

CRIMINAL DOCKETING STATEMENT

(To be completed by appellant)

1. Appellate Case Number: _____ 1a. Criminal Action Number: _____
2. Case Name: _____
3. Appellant's Name: _____
- 3a. Appellant's Defendant No.: _____ 3b. Appellant's Fed. Reg/PDID No. _____
4. Date of conviction _____ 4a. Date of sentence _____
5. Name of District Court Judge _____
6. Date of Notice of Appeal Filed: _____
7. Offense(s) of conviction: _____
8. Did appellant plead guilty? Yes No
9. What sentence was imposed? _____
10. How much of the sentence has appellant served? _____
11. Is appellant challenging the conviction? Yes No
12. Is appellant challenging the sentence? Yes No
13. Has appellant filed a post-conviction motion? Yes No
- If yes, what motion, date filed, and disposition: _____
14. Is appellant incarcerated? Yes No
- If yes, where: _____
- If no, address: _____ Phone (____) _____
15. Has appellant moved for release pending appeal in District Court? Yes No
- If yes, date filed _____ Disposition: _____
- If no, does defendant intend to file such a motion in the District Court? Yes No
16. Will appellant file a motion for release pending appeal in court of appeals? Yes No
17. Did appellant have court-appointed counsel in District Court? Yes No
18. Does counsel appointed in District Court wish to continue on appeal? Yes No
19. Did defendant have retained counsel in district court? Yes No
- If yes, will case proceed on appeal with retained counsel? Yes No
- If no, will appellant seek appointment of counsel on appeal? Yes No
- If no, has a motion to proceed in forma pauperis been filed? Yes No
20. Has counsel ordered transcripts? Yes No
21. If yes, from what proceedings: _____
22. If yes, when will transcripts be completed? _____
23. Did counsel seek expedited preparation of sentencing transcripts? Yes No

Signature _____ Date _____

Name of Party _____

Firm Address _____

Phone (____) _____ Fax (____) _____

Note: In all appeals of sentences of 8 months or less trial counsel is required to prosecute the appeal of the sentence. If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement. Attach a certificate of service to this form.