

IN THE COURT OF APPEALS OF THE STATE OF ALASKA

DOCKETING STATEMENT B

FOR USE WITH PETITIONS FOR HEARING, PETITIONS FOR REVIEW, AND ORIGINAL APPLICATIONS

INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS: If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.

(for court system use)

No. _____

1. TYPE OF PETITION

Type of Petition	Superior Court Case Number	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
a. <input type="checkbox"/> Petition for Hearing from Superior Court				Petition for Rehearing: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ Date of distribution of order denying petition: _____
b. <input type="checkbox"/> Petition for Review				Motion for Reconsideration: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> denied by order distributed: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
c. <input type="checkbox"/> Original Application <input type="checkbox"/> from trial court case No. _____ Judge _____ <input type="checkbox"/> Other. Explain: _____				

2. PETITIONER

a. Name c. Petitioner Mailing Address (not attorney's address) City State Zip Code	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other Specify: _____ d. Telephone
--	--

3. PETITIONER'S ATTORNEY

a. Name c. Attorney Mailing Address City State Zip Code	b. Bar Number <input type="checkbox"/> Court Apptd d. Telephone e. Fax f. Firm/Agency
---	---

4. RESPONDENT

a. Name c. Respondent Mailing Address City State Zip Code	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other Specify: _____ d. Telephone
---	--

5. RESPONDENT’S ATTORNEY

a. Name <input type="checkbox"/> Court Apptd	b. Bar Number	
c. Attorney Mailing Address	d. Telephone	e. Fax
City State Zip Code	f. Firm/Agency	

6. ATTACHMENTS

The following items are submitted with this form:

a. The original petition and FIVE copies.

b. A copy of the judgment or order from which relief is sought attached to the original petition and ALL copies.

c. A \$250 filing fee or a motion to appeal at public expense (financial statement affidavit form must be included).
 a motion to waive filing fee (financial statement affidavit form must be included).
 no filing fee is required because appellant is represented by court-appointed counsel.
 the state or an agency thereof.

d. A motion for expedited action submitted not submitted.

e. A motion for stay of trial court proceedings submitted not submitted.

Date

Signature of Petitioner or Petitioner’s Attorney

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this docketing statement and all attachments (except filing fee) were

mailed	delivered	to All parties in the trial court (listed)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: _____