FIRST DISTRICT COURT OF APPEALS
CRIMINAL DOCKET STATEMENT

Notice: *Pursuant to Loc.R. 3.1(A)(2)(c), failure to file a completed docket statement may result in the dismissal of the appeal.*

Name of Trial Court: _____ **Caption:** _____ Plaintiff-Appellant or Appellee **vs.** _____ Defendant-Appellant or Appellee	**Appeal No.**_____ **Trial No.**_____ **Trial Judge**_____ **Date of Judgment(s) Being Appealed** **Notice of appeal was filed in compliance with:** ☐ App.R. 4(A) (within 30 days); or ☐ App.R. 4(B) (time extended); or ☐ App.R. 5 (delayed appeal) **Related or Prior Appeals**

General

Have you attached to the notice of appeal a copy of the final judgment being appealed? Yes ☐ No ☐

Is this an appeal from a juvenile delinquency proceeding? Yes ☐ No ☐

Is this an appeal from a ruling on a post-conviction petition? Yes ☐ No ☐

If a direct appeal, does the sentencing order contain the following four requirements: Yes ☐ No ☐

1. Fact of conviction for each count;
2. Separate sentence for each count;
3. Signature of trial court judge, and
4. File stamp of the clerk of courts?

Specify the type of action in the trial court: Traffic ☐ Misdemeanor ☐ Felony ☐

Resolution Type: Trial ☐ Plea ☐

Probable issues for review:

Type of Appeal:
☐ Defendant's appeal as of right
☐ Defendant's appeal by leave of Court
☐ Victim's appeal
☐ State's appeal as of right
☐ State's appeal by leave of Court

Parties

If there are additional parties and/or attorneys, please copy this page, complete the information for the additional parties, and attach it to this statement.

Party's name_____	Party's name_____
Party's designation_____	Party's designation_____
Attorney's name_____	Attorney's name_____
Attorney's registration number_____	Attorney's registration number_____
Address of counsel or party	Address of counsel or party
Phone_____	Phone_____
Email _____	Email_____

Calendar Designation

Please choose the appropriate calendar designation for this case.

Regular Calendar: Pursuant to Loc.R. 11.1(A), all appeals are placed on the regular calendar by default.

Accelerated Calendar: Do you wish instead to have your appeal assigned to the accelerated calendar?
Yes ☐ No ☐

If Yes, please identify the applicable factor(s) under Loc.R. 11.1(B) which support the assignment of the case to the accelerated calendar:

Expedited Calendar: Must this case be expedited as being one of the following types of cases?
Yes ☐ No ☐

- ☐ Victim's interlocutory appeal [R.C. 2930.19]
- ☐ Prosecutorial appeals under Crim.R. 12(K) and Juv.R. 22(F) [App.R. 11.2(E)]
- ☐ Appeals concerning delinquent children [App.R. 11.2(E)]
- ☐ Denial of bail bond [R.C. 2937.222(D)]

Record

This Docket Statement serves as a praecipe to the clerk of courts to prepare and transfer the record as specified below by the appellant:

☐ The record will consist of ONLY the original papers, exhibits, and a certified copy of the docket and journal entries that were filed in the trial court. [App.R. 9(A)]. **By checking this box, appellant acknowledges that no transcript(s) of proceedings are required to be prepared, and no App.R. 9(C) Statement or App.R. 9(D) Agreed Statement will be filed.** If this box is checked, proceed to the *Calendar Designation section*.

☐ In addition to the original papers, exhibits, and a certified copy of the docket and journal entries that were filed in the trial court, the record will include:

- ☐ Complete Transcript of Proceedings under App.R. 9(B)*
- ☐ Partial Transcript of Proceedings under App.R. 9(B)*
- ☐ Statement under App.R. 9(C)—must be submitted to and approved by the trial court
- ☐ Agreed Statement under App.R. 9(D)—must be submitted to and approved by the trial court

☐ **This is an appeal of a criminal sentence AND** there was a **presentence, psychiatric, or other investigative (probation) report** that was submitted to the trial court in writing before the sentence was imposed, and appellant requests such report(s) to be made part of the record. *If this box is checked, please refer to Loc.R. 9(C) and (D).*

***If the record will include transcript(s) of proceedings, please complete the following:**

☐ All transcripts of proceedings have already been prepared and filed in the trial court, and no additional transcripts will be filed. If this box is checked, proceed to the *Calendar Designation section.*

☐ There are additional transcript(s) of proceedings that must still be prepared and filed.** The transcript(s) of proceedings to be filed are (choose one):

- ☐ Complete Transcript of Proceedings [App.R. 9(B)].
- ☐ Partial Transcript of Proceedings [App.R. 9(B)].

If partial, please provide a list of the hearing dates you will be ordering.

If not currently known, indicate this on the lines above and file an amended docket statement when the dates become known.

Note: If partial transcript is selected, appellant must comply with App.R. 9(B)(5). Appellee may follow App.R. 9(B)(5) if appellee considers transcripts or other parts of the proceedings necessary to the appeal.

****If there are transcript(s) of proceedings that must still be prepared and filed, the *Court Reporter's Certification* must be completed by the court reporter and appellant must comply with Loc.R. 9(B)(1) by attaching a copy of the transcript order to this docket statement.**

COURT REPORTER'S CERTIFICATION (to be signed by the court reporter)

Will the Court Reporter complete and file the requested transcript(s) of proceedings within 40 days of the filing of the notice of appeal (20 days if on the accelerated calendar)?

- ☐ Yes
- ☐ No

If No, please explain why the transcript(s) of proceedings will not be ready for filing within 40 days from the notice of appeal (or 20 days for the accelerated calendar):

Estimated Date of Filing: _____

Signature of Court Reporter: _____ Date: _____
(Email authority of court reporter is permitted; if relying on email authority, please attach the email.)

CERTIFICATE OF SERVICE

I certify a copy of this document was served upon:_____,
(person(s)/counsel served)

on _____ in the following manner: _____
(date sent) (how sent: i.e., mail or email)

to _____. **(Attach additional pages, if needed.)**
(address or email of where sent)

_____
Signature