

# APPEAL - CRIMINAL

JD-SC-29 Rev. 1-99

P.B. §§ 3-8, 62-7, 62-8, 63-3, 63-4

C.G.S. §§ 51-197f, 52-470

## INSTRUCTIONS TO PARTIES

1. Prepare on typewriter.
2. Sign "Appeal" and "Certification" sections below.
3. Submit to the trial court clerk. Pay fee if applicable.
4. File a copy of the endorsed appeal form together with the papers required by P.B. § 63-4 with the Appellate Clerk.

## INSTRUCTIONS TO TRIAL COURT CLERK

1. Endorse on the original appeal form the date and time of filing and the receipt, or waiver, of fees.
2. Make three copies of the endorsed appeal form. Give one copy to the appellant, send one copy to the trial judge and send one copy to the office of the chief state's attorney, appellate bureau.

TO SUPREME COURT  
 TO APPELLATE COURT

NAME OF CASE \_\_\_\_\_

CLASSIFICATION

APPEAL  CROSS  JOINT  AMENDED  CONSOLIDATED  STIPULATION FOR  CORRECTED/AMENDED  OTHER (Specify) \_\_\_\_\_

<b>TRIAL COURT HISTORY</b>	TRIED TO <input type="checkbox"/> COURT <input type="checkbox"/> JURY <input type="checkbox"/> MAGISTRATE		TRIAL COURT LOCATION _____
	TRIAL COURT JUDGE(S) _____		LIST ALL TRIAL COURT DOCKET NUMBERS _____
	JUDGMENT FOR <input type="checkbox"/> STATE OF CONNECTICUT <input type="checkbox"/> DEFENDANT		
	JUDGMENT DATE _____	DATE FOR FILING APPEAL EXTENDED TO _____	DATE OF ISSUANCE OF NOTICE ON ANY ORDER ON ANY MOTION WHICH WOULD RENDER JUDGMENT INEFFECTIVE _____
	CASE TYPE <input type="checkbox"/> INFRACTION <input type="checkbox"/> JUVENILE <input type="checkbox"/> FELONY/MISDEMEANOR <input type="checkbox"/> OTHER (Specify) _____		

<b>APPEAL</b>	APPEAL FILED BY <input type="checkbox"/> STATE OF CONNECTICUT <input type="checkbox"/> DEFENDANT _____ <input type="checkbox"/> OTHER _____			
	FROM (the action which constitutes the final judgment): _____			
	IF THIS APPEAL IS TAKEN BY THE STATE OF CONNECTICUT, GIVE NAME OF JUDGE GRANTING PERMISSION TO APPEAL AND DATE OF ORDER _____			
	IF TO SUPREME COURT, STATUTORY BASIS FOR THE APPEAL (C.G.S. § 51-199) _____			
	BY (Signature of attorney or pro se party) <b>X</b>	TELEPHONE NO. _____	FACSIMILE NO. _____	JURIS NO. (If applicable) _____

<b>APPEARANCE</b>	TYPE NAME AND ADDRESS OF PERSON SIGNING ABOVE (This is your appearance; see P.B. § 62-8) _____		
	<p>"X" ONE IF APPLICABLE  <input type="checkbox"/> Pursuant to P.B. § 62-8, counsel who files this appeal shall be deemed in addition to counsel of record who appeared in the trial court.  <input type="checkbox"/> Pursuant to P.B. § 3-8 counsel who files this appeal is appearing in lieu of: _____</p>		
		NAME AND JURIS NO. OF COUNSEL _____	

<b>ATTACHMENTS</b>	INDICATE WHICH OF THE FOLLOWING ARE ATTACHED BY PLACING AN "X" IN THE PROPER BOX(ES)		
	<input type="checkbox"/> 1. PRELIMINARY STATEMENT OF THE ISSUES	<input type="checkbox"/> 4. PRELIMINARY DESIGNATION OF PLEADINGS	
	<input type="checkbox"/> 2. DOCKETING STATEMENT (Failure to provide completed form, listing name, address, telephone no. and juris no. of all parties of record may result in the return of this appeal.)		
	<input type="checkbox"/> 3. COURT REPORTER'S ACKNOWLEDGMENT/CERTIFICATE RE: TRANSCRIPT		

<b>CERTIFICATION</b> (P.B. § 63-3)	I hereby certify that a copy hereof was served on all counsel and pro se parties of record as specified below or in the attached list in accordance with the provisions of P.B. § 62-7 on:	DATE _____	SIGNED (Individual counsel) _____
	LIST PERSONS SERVED, INCLUDING NAME, ADDRESS, TELEPHONE AND FACSIMILE NUMBERS. USE ADDITIONAL SHEETS, IF NECESSARY		

<b>To be completed by trial court clerk</b>	<b>FOR APPELLATE CLERK'S OFFICE USE ONLY</b>
Date entry fee paid or determination no fees required: _____ OR	
Date fees, costs and security waived: _____ AND	
Date appeal filed: _____	
SIGNED (Trial Court Clerk): _____	