NCSC Coding Form

ID#:_____

Criminal Appeals Study Court of Last Resort [SSCCA - COLR] [Court Name]

Defendant Last Name:	Trial Court Case Number:
Trial Court County, State:	Intermediate Appellate Court Case Number:
Court of Last Resort Docket Number:	☐ Full Opinion
2. Petitioner (from Trial Court case): State Defendant	☐ Majority #Concurring
☐ Transfer from IAC	#Dissenting (with reason)
3. Is it an appeal from: ☐Conviction ☐ Sentence ☐Both	☐ Memorandum
3. Is it an appear from: Liconviction Li Sentence Liboth	☐ Summary/Dispositional Order
	Other Opinion
4. Appeal milestones: DATE:	Li Other Opinion
a. Appeal requested:/ DK	9. Total # of issues addressed by Opinion:
b. Appeal granted/denied:/DK	a. Issue 1 b. Issue 2
c. Initiated Documentation://DK	1. Issue addressed 1. Issue addressed
d. Record filed:/DK	
e. Transcript filed:/ DK	c. <u>Issue 3</u> d. <u>Issue 4</u> 1. Issue addressed 1. Issue addressed
f. Petitioner brief filed:/ DK	2. Resolution 2. Resolution
g. Respondent brief filed:/ DK	e. <u>Issue 5</u> f. <u>Issue 6</u>
	1. Issue addressed 1. Issue addressed
h. Reply briefs: (list additional on back)	2. Resolution 2. Resolution
Petitioner □ DK/□ DK	
Respondent \square DK/ \square DK	10. Present status of appeal: ☐ Closed ☐ Pending
i. Amicus briefs filed? ☐ Yes	
	11.Request to reconsider/rehear:
j. Briefing Completed:/ DK	a/
k. Oral argument:/ DK	b. Reconsideration/rehearing granted?: ☐ Yes ☐ No ☐ DK
	10.4 ()
I. Decision/Disposition:	12.Any further appeal?:
	a. 🗆 Yes 🗆 No (explain)
5. Type of Conviction: DK	
☐Capital Felony ☐ Non-Capital Felony ☐Misdemeanor ☐DK	13 Defendent's comment. Diviblic defendent/count anneinted
	13. Defendant's counsel: ☐ Public defender/court appointed ☐ pro se / pro per
6. Total # of issues presented in the appellant's initial brief:	·····
a. 1 st issue on appeal: b. 2 nd issue on appeal:	Name:
c. 3 rd issue on appeal: d. 4 th issue on appeal:	City & State:,, Phone: ()
e. 5 th issue on appeal: f. 6 th issue on appeal:	Pnone: ()
	14. State's counsel (lead counsel or counsel of record):
7. Appellate court disposition (Check all that apply):	
a. Review/transfer not granted or dismissed due to:	Name:
☐ Appeal improvidently granted ☐ Lack of jurisdiction	City & State:,,, Phone: ()
☐ Denied (discretionary review) ☐ Procedural Error	- Inone. (
☐ No valid issue on appeal ☐ Unknown	Please use the back of this form to state additional comments
b. Appeal withdrawn before decision:	about this case, including any deviations from typical appeal
☐ By petitioner ☐ Transfer/certified to IAC ☐ Unknown	
c. Affirmed in whole	processing.
d. Reversed in whole (explain effect below)	Paperwork Reduction Act Burden Statement: Under the Paperwork Reduction
e. \square Reversed in part (explain effect below)	Act, a person is not required to respond to a collection of information unless it
f. Remanded (explain effect below)	displays a valid OMB control number. The estimated average time to complete
g. Conviction/sentence modified (explain effect below)	the form is 90 minutes. If you have comments regarding the accuracy of this
6. — Service on Servence mounted (explain effect below)	estimate, or suggestions to simplify this form, write to the Bureau of Justice
	Statistics, Office of Justice Programs, 810 7th Street, N.W., Washington, D.C.
	20531. OMB NO. XXXXXXXX Exp XX/XX/XX
	Codor's initials
8. Type of Decision:	Coder's initials: Date:/
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