NCSC Coding Form

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## Criminal Appeals Study Intermediate Appellate Court [SSCCA – IAC] [Court Name]

Defendant Last Name:	
Trial Court County, State:	Trial Court Case Number:
1. Appellate Court Docket Number:	8. Type of Decision:
2. Appellant (from Trial Court case): 🗌 State 🔲 Defendant	<ul> <li>Full Opinion</li> <li>No Opinion (N/A)</li> <li>Memorandum</li> <li>Summary/Dispositional Order</li> </ul>
<ol> <li>Is it an appeal from:</li> <li>□Conviction □ Sentence □Both</li> </ol>	Other Opinion
4. Appeal milestones: <u>DATE</u> :	<ul> <li>9. Total # of issues addressed by Opinion:</li> <li>Dipinion Pending</li> </ul>
a. Initiated Documentation://	a. Issue 1     b. Issue 2       1. Issue addressed     1. Issue addressed
b. Record filed:/ DK c. Transcript filed:/ DK	2. Resolution       2. Resolution         c. Issue 3       d. Issue 4         1. Issue addressed       1. Issue addressed
d. Appellant brief filed://DK e. Appellee brief filed://DK	2. Resolution       2. Resolution         e. Issue 5       f. Issue 6         1. Issue addressed       1. Issue addressed
f. Reply briefs: (list additional on back) Appellant	2. Resolution 2. Resolution 10. Present status of appeal:  Closed  Pending
g. Briefing Completed://DK	11. Request to reconsider/rehear: a//
h. Oral argument:/ DK	b. Reconsideration/rehearing granted?:
i. Decision/Disposition://DK	<ul> <li>12. Appealed to State Court of Last Resort?:</li> <li>a. □ Yes □ No (skip to Q13) □ DK</li> <li>b. Date:/ □ DK</li> </ul>
5. Type of Conviction: DK	b. Date:// □ DK c. Petition granted? □ Yes □ No □ DK d. Date:/ □ DK
6. Total # of issues presented in the appellant's initial brief:         a. 1 <sup>st</sup> issue on appeal:       b. 2 <sup>nd</sup> issue on appeal:         c. 3 <sup>rd</sup> issue on appeal:       d. 4 <sup>th</sup> issue on appeal:         e. 5 <sup>th</sup> issue on appeal:       f. 6 <sup>th</sup> issue on appeal:	13. Defendant's counsel:        Public defender/court appointed       pro se / pro per       Name:       City & State:       Phone:       Output       Output       Description:       Output       Description:       Descr
<ul> <li>7. Appellate court disposition (Check all that apply):</li> <li>a. Review/transfer not granted or dismissed due to: <ul> <li>□ Appeal improvidently granted</li> <li>□ Lack of jurisdiction</li> </ul> </li> </ul>	14.State's counsel (lead counsel or counsel of record): Name:
<ul> <li>□ Denied (discretionary review)</li> <li>□ Procedural Error</li> <li>□ No valid issue on appeal</li> <li>□ Unknown</li> <li>b. Appeal withdrawn before decision:</li> <li>□ By appellant</li> <li>□ Transfer/certified to COLR</li> <li>□ Unknown</li> </ul>	City & State:,,, Phone: (),, Please use the back of this form to state additional comments about this case, including any deviations from typical appeal
<ul> <li>c.  Affirmed in whole</li> <li>d.  Reversed in whole (explain effect below)</li> </ul>	processing. <b>Paperwork Reduction Act Burden Statement:</b> Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it
<ul> <li>e.  Reversed in part (explain effect below)</li> <li>f.  Remanded (explain effect below)</li> <li>g.  Conviction/sentence modified (explain effect below)</li> </ul>	displays a valid OMB control number. The estimated average time to complete the form is 90 minutes. If you have comments regarding the accuracy of this 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. XXXXXXX Exp XX/XX/XX
	Coder's initials: Date:/

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