This criminal cover sheet is required by Supreme Court Administrative Order 8. The data contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court rule. Instructions are located at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **County:** |  | **District:** |  | **Filing Date:** |  |
| **Judge:** |  | **Division:** |  | **Case ID:** |  |

**Does the person appealing or seeking relief have other active cases?** □ Yes □ No

Case IDs:

**Previous case ID** (of the case being appealed or conviction/sentence being challenged):

**New case type:** □ (MA) Misdemeanor Appeal

**Reopen existing case:** □ (MFREW) Reopen for Extraordinary Writ

 □ (MFR+ original case type) Reopen for other post-conviction relief

**Person initiating appeal/post-conviction relief:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First:** |  | **Middle:** |  | **Last:** |  | **Suffix:** |  | **DOB:** |  |
| **DLN or State ID:** |  | **State:** |  | **SID#:** |  | **ATN:** |  |
| Alias 1: |  | Alias 2: |  | Arrest date: |  |
| Address: |  | City: |  | State: |  | ZIP: |  |

Race: □ White □ Black □ Biracial

 □ Asian/Pacific Islander □ American Indian/Alaska Native □ Unknown

Ethnicity: □ Hispanic □ Non-Hispanic

Sex: □ Male □ Female

**Does the person seeking the appeal/post-conviction relief have an attorney for this case?**

□ Yes - Name: Bar #:

No (This person is self-represented)

Does this person need an interpreter? □ None □ Spanish □ Sign Language □ Other:

**Manner of filing:**

□ (MFO) Original □ (MFR) Re-Open □ (MFA) Appeal from District Court

**Convictions being appealed (for misdemeanor appeal):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Code # | Offense name/Description | A/S/C | Offense Date | Counts | M/V | Class |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |