

**COVER SHEET
STATE OF ARKANSAS
CIRCUIT COURT: CRIMINAL
(DEFENDANT APPEAL/POST-CONVICTION RELIEF)**

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.

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: _____

Email Address: _____ Phone Number: _____

Race:

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? Yes No Language: _____ Other: _____

Manner of filing:

Convictions being appealed (for misdemeanor appeal):

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