



STATE'S APPEAL REQUEST

OAG Form 1011 (R0 / 01-12)

- INSTRUCTIONS:**
1. This form is to be used for all requests for appeals by the State arising from a prosecutor's office including both criminal and civil matters (e.g. Title IV-D and forfeiture).
 2. Please complete information below and assemble documentation outlined in Documentation Section below.
 3. Transmit all information and documentation via fax 317-232-7979 or email to prosecutors@atg.in.gov **within 15 days** of the judgment or order for which appeal is sought.

Case Information	
Title of Case	Case Number
Trial Court	Name of Trial Judge
Date and Title of Judgment or Order Appealed	
Was a Motion to Correct Error Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when denied or deemed denied?	Opposing Counsel Name and Address:
Has elected Prosecutor or Chief Deputy Approved this appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Case and Issues <i>Briefly explain the case and issue(s) to be appealed</i>

Copies of the following Documentation are included:	
<input type="checkbox"/> Chronological Case Summary	<input type="checkbox"/> Motion to Correct Error <i>(if applicable)</i>
<input type="checkbox"/> Judgment or order being appealed	<input type="checkbox"/> Order denying Motion to Correct Error <i>(if applicable)</i>

Requestor Information		
Name of person submitting form		Title
County	Phone	Email