

CRIMINAL CASE INFORMATION STATEMENT

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(1) TITLE IN FULL: FOR OFFICIAL USE ONLY

APPEAL DOCKET NO.  
FILED:  
DATE SENT:

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(2) APPELLANT'S ATTORNEY(S):  
NAME ADDRESS TELEPHONE CLIENT

(3) RESPONDENT'S ATTORNEY(S):  
NAME ADDRESS TELEPHONE CLIENT

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(4) GIVE DATE AND SUMMARY OF TERMS OF JUDGMENT ENTERED BELOW:

(5) Does this determination dispose of all issues as to all parties? Yes \_\_\_ No \_\_\_  
(If not, leave to appeal must be sought. R. 2:2-4, 2:5-6.)

(6) Is the validity of a statute, executive order, franchise or constitutional provision of this State questioned? (R. 2:5-1(h)). Yes \_\_\_ No \_\_\_

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(7) Is defendant presently confined? Yes \_\_\_ No \_\_\_  
On bail? Yes \_\_\_ No \_\_\_  
Is this an appeal of sentence only? Yes \_\_\_ No \_\_\_  
Are there co-defendants? Yes \_\_\_ No \_\_\_

If so, state their names:

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(8) GIVE A BRIEF STATEMENT OF THE FACTS AND PROCEDURAL HISTORY:

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(9) GIVE A COMPLETE LIST OF PROPOSED ISSUES THAT WILL BE RAISED ON THIS APPEAL AS THEY WILL BE DESCRIBED IN APPROPRIATE POINT HEADINGS PURSUANT TO R. 2:6-2(a)(5).  
Appellant or cross-appellant only.

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1. IS THERE ANY CASE NOW PENDING OR ABOUT TO BE BROUGHT BEFORE THIS COURT WHICH:

(10) (A) Arises from substantially the same case or controversy as this appeal? Yes\_\_\_ No\_\_\_

(11) (B) Involves an issue that is substantially the same, similar or related to an issue in this appeal? Yes\_\_\_ No\_\_\_

(12) 2. WAS THERE ANY PRIOR APPEAL INVOLVING THIS CASE OR CONTROVERSY? Yes\_\_\_ No\_\_\_

IF YES, STATE:

(13) Case Name: Appellate Division  
Docket No.:

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(14) The time for filing your brief and appendix is governed by Rule 2:6-11 unless modified by court order. If any circumstances exist which might justify a shorter or longer period of time, give a detailed explanation. Your answer does not alter the time limits set forth in the Rules of Court.

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In the event there is any change with respect to any entry on the Case Information Statement, appellant shall have a continuing obligation to file an amended Case Information Statement on the prescribed form.

(15) \_\_\_\_\_ (17) \_\_\_\_\_  
Name of Appellant or Respondent Name of Counsel of Record

(16) \_\_\_\_\_ (18) \_\_\_\_\_  
Date Signature of Counsel of Record