In the Court of Appeals of the State of Alaska

Arnold D David,

Appellant,

v.

State of Alaska,

Appellee.

Court of Appeals No. A-12461

Notice of Intent to Enter Judgment For Cost of Appointed Attorney

Date of Notice: 4/17/2019

Trial Court Case No. 3AN-14-08309CR

Unless you or the prosecutor objects by 5/31/2019 (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

| Type of Appellate Proceeding | Misdemeanor | Felony | |
|--|-------------|--------|--|
| Sentence Appeal or Petition for Sentence Review | \$ 250 | \$ 500 | |
| Merit Appeal or Appeal from Post-Conviction Relief Proceedings | 750 | 1,500 | |
| Combined Merit and Sentence Appeal or Petition for Sentence Review | 1,000 | 2,000 | |
| Other Appellate Actions (Petition for Review, Petition for Hearing, Original Application) | 500 | 1,000 | |

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts

Sarah Anderson, Deputy Clerk

Arnold David PO BOX 141564 Anchorage AK, 99514

Distribution:

Mail:

Barber - OPA Contract, Michael L. L Stryszak, Michal *Arnold Darren David v State of Alaska* - p. 2 File No. A-12461 4/16/2019

In the Court of Appeals of the State of Alaska

| Arnold D David, | | Court of | Appeals No. A-1246 | 1 |
|---|--|---|---|----------|
| Ap | pellant, | | | |
| v. | | to Entry o | Opposition f Judgment For Cos pointed Attorney | st of |
| State of Alaska, | | - | . • | |
| Aţ | pellee. | Date of | of Notice: 4/16/2019 | |
| Trial Court Case No. 3AN | -14-08309CR | | | |
| I oppose the entry of attorney for the following | | ndgment agains | t me for the cost of ap | pointed |
| ☐ My conviction was | reversed on app | eal. | | |
| ☐ Petition for ☐ Petition for ☐ Petition for ☐ Merit App ☐ Petition for ☐ Appeal from ☐ Original A ☐ Combined ☐ The clerk or court is | on: Merit Appeal as Sentence Revolution Hearing Deal or Review Dear Post-Convicus Application Merit and Sentence Revolution Sentence Proposing to en | and Petition for iew tion Relief Proceence Appeal ter more than o | Sentence Review | me. This |
| ☐ I should be assessed only hours on n from your attorney s | ny case. (If you | check this box, | you must attach a sta | |
| Other | | | | |
| | | | | |
| | | | | |
| Appellant/Petitioner's Dayt | ime Phone Ap | pellant/Petition | er's Signature | |
| Appellant/Petitioner's Mail | ng Address Ci | ty State | Zip | |
| Mailed to State's Attorney of | nn. | (Date) | | |