# In the Court of Appeals of the State of Alaska

| | | |
|---|---|---|
| **Lawrence Gregory,** | ) | Court of Appeals No. **A-12451** |
| | ) | |
| Appellant, | ) | **Notice of Intent** |
| v. | ) | **to Appellant to** |
| | ) | **Enter Judgment For Cost of** |
| **State of Alaska,** | ) | **Appointed Attorney** |
| | ) | Appellate Rule 209(b) |
| Appellee. | ) | |
| | ) | Date of Notice: **5/15/19** |

Trial Court Case # **4BE-11-00370CI**

Unless you or the prosecutor objects by **7/1/19** (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 court-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 |

Ryan Montgomery-Sythe, Chief Deputy Clerk

Mailed to Appellant at: Wildwood Correctional Center

Distribution:

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# In the Court of Appeals of the State of Alaska

**Lawrence Gregory,** )
)
Appellant, )
v. )
)
**State of Alaska,** )
)
Appellee. )
)

Court of Appeals No. **A-12451**

## Opposition
**to Entry of Judgment for Cost of Appointed Attorney**

Trial Court Case # **4BE-11-00370CI**

I oppose the entry of the proposed judgment against me for the cost of my court-appointed attorney for the following reason(s):

❒ My conviction was reversed on appeal.

❒ I filed a petition for hearing (case number S-_____; conviction can still be reversed. Judgment should be stayed.

❒ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:

- ❒ Petition for Hearing
- ❒ Petition for Review
- ❒ Petition for Sentence Review
- ❒ Original Application
- ❒ Sentence Appeal
- ❒ Combined Merit/Sentence Appeal
- ❒ Merit Appeal
- ❒ Post-Conviction Relief Appeal

❒ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.

❒ I should be assessed less than the scheduled amount because my attorney spent only ___ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)

❒ Other_____

_____

_____

_____ _____

Appellant's Daytime Phone | Appellant's Signature | Date

_____

Appellant's Mailing Address | City | State | Zip

Mailed to State's Attorney on:_____