In the Court of Appeals of the State of Alaska

Roosevelt Hearod Jr.,	)	Court of Appeals No. **A-12670**
	)	
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: **6/5/19**

Trial Court Case # **3KN-16-00158CR**

Unless you or the prosecutor objects by **7/22/19** (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 his address in Kenai, Alaska

Distribution:

Jane B Martinez
Law Office of Jane B Martinez
PO Box 113201
Anchorage AK 99511

Paul Morin
Office of the District Attorney
120 Trading Bay RD., Suite 200
Kenai AK 99611

In the Court of Appeals of the State of Alaska

Roosevelt Hearod, Jr.,)
)
Appellant,)
v.)
)
State of Alaska,)
)
Appellee.)
)

Court of Appeals No. **A-12670**

Opposition
to Entry of Judgment for Cost of Appointed Attorney

Trial Court Case # **3KN-16-00158CR**

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:_____