

**JUVENILE JURISDICTIONAL INDEX  
COURT OF APPEAL, THIRD CIRCUIT**

NOTE: Complete this form for all **Juvenile** appeals and include as the first page of the record.

**PLEASE MARK THE OUTSIDE OF THE RECORD WITH THE NOTATION "EXPEDITED"**

Juvenile.Ct.No. \_\_\_\_\_

STATE IN THE INTEREST OF (INITIALS) \_\_\_\_\_

JDC: \_\_\_\_\_ Parish: \_\_\_\_\_ Trial Judge: \_\_\_\_\_

CHECK APPLICABLE : IN NEED OF CARE: \_\_\_\_\_ DELINQUENCY: \_\_\_\_\_

IF DELINQUENCY:

Crime Adjudicated Delinquent for: \_\_\_\_\_

Disposition imposed: \_\_\_\_\_

	DATE	VOLUME	PAGE
APPEAL: <input type="checkbox"/> By Juvenile <input type="checkbox"/> By State			
Date of motion:	_____	_____	_____
<input type="checkbox"/> oral <input type="checkbox"/> written			
Is this an out of time appeal? <input type="checkbox"/> no <input type="checkbox"/> yes			
Designation of record filed by counsel: <input type="checkbox"/> no <input type="checkbox"/> yes	_____	_____	_____
Are all designated transcripts included in the record?			
<input type="checkbox"/> no <input type="checkbox"/> yes			
Counsel substituted: <input type="checkbox"/> no <input type="checkbox"/> yes	_____	_____	_____
PETITION (indicate date <u>filed</u> & page no. of bill)			
DATE OF ADJUDICATION:	_____	_____	_____
Date trial commenced (indicate transcript location)	_____	_____	_____
Date verdict or judgment rendered:	_____	_____	_____
DISPOSITION:			
Date disposition pronounced:	_____	_____	_____
Motion to modify disposition filed? <input type="checkbox"/> no <input type="checkbox"/> yes (date)	_____	_____	_____
If yes, date of hearing on motion to modify?	_____	_____	_____
Ruling of motion to modify by trial court	_____	_____	_____
<input type="checkbox"/> no <input type="checkbox"/> yes	_____	_____	_____

EXHIBITS?  no  yes

Please describe number and type of exhibits included with the record in the "Additional Notes" below. Please do not bind with the record but send separately.

Are the contents of the record in compliance with the confidentiality provisions of

La.R.S. 46:1844(W)?  no  yes

Uniform Rules of Courts of Appeal, Rule 5?  no  yes

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prepared by: \_\_\_\_\_

**FOR COURT OF APPEAL USE ONLY**

Date Lodged: \_\_\_\_\_ Ct./App. Docket No.: \_\_\_\_\_ No. Volumes: \_\_\_\_\_

Exhibits?  No  Yes Bound:  with record  separately. Clerk's Initials

JD Check Complete: \_\_\_\_\_ Date \_\_\_\_\_  
Staff Attorney's Initials

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_