

IN THE SUPREME COURT OF THE STATE OF ALASKA

DOCKETING STATEMENT B

For Use With Petitions for Hearing, Petitions for Review, and Original Applications and as a Notice of Intent to File Sentence Petition

INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS: If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.

FILED
STATE OF ALASKA
APPELLATE COURTS
(for court system use)
2018 DEC -5 PM 3:28
CLERK APPELLATE COURT
BY DEPUTY CLERK
No. S-17301

1. TYPE OF PETITION

Type of Petition	Court of Appeals or Superior Court Case Number	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
a. <input type="checkbox"/> Petition for Hearing from Court of Appeals				Petition for Rehearing: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> Date of distribution of order denying petition: _____
b. <input type="checkbox"/> Petition for Hearing from Superior Court				
c. <input type="checkbox"/> Petition for Review <input type="checkbox"/> Notice of Intent to file Sentence Petition				Motion for Reconsideration: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> denied by order distribution: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
d. <input checked="" type="checkbox"/> Original Application <input type="checkbox"/> from Court of Appeals case No. _____ <input type="checkbox"/> from trial court case No. _____ <input checked="" type="checkbox"/> Other. Explain: <u>AS 15.20.510 Election Recount Appeal</u>				Judge _____

2. PETITIONER

a. Name Kathryn Dodge	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Petitioner Mailing Address (not attorney's address) PO Box 74660	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Fairbanks AK 99707	d. Telephone (907) 978-7718

3. PETITIONER'S ATTORNEY

a. Name Patrick Munson	b. Bar Number AK 1205019
c. Attorney Mailing Address 911 W. 8th Ave, Suite 302	d. Telephone (907) 272-8401
City State Zip Code Anchorage AK 99501	e. Fax (907) 274-3698
f. Firm/Agency Boyd, Chandler, Falconer & Munson, LLP	

4. RESPONDENT

a. Name Div. Elections Director Josephine Bankhe	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Respondent Mailing Address PO Box 110017	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Juneau AK 99811	d. Telephone (907) 465-4611

*fb paid Rec. #1508878
cb due*

5. RESPONDENT'S ATTORNEY

a. Name Margaret Paton-Walsh		<input type="checkbox"/> Court Apptd	b. Bar Number AK 0411074	
c. Attorney Mailing Address 1031 W 4th Ave, Suite 200			d. Telephone (907) 269-5275	e. Fax (907) 276-3697
City Anchorage	State AK	Zip Code 99501	f. Firm/Agency Department of Law	

6. CONSTITUTIONAL ISSUES

Is the constitutionality of a state statute or regulation at issue in this proceeding? ☐ Yes ☐ No
If yes, cite statute or regulation: _____

7. SENTENCE PETITIONS ONLY

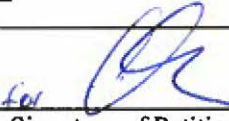
- a. ☐ Excessiveness of the sentence is the ONLY issue.
- b. ☐ A transcript of the sentencing proceeding is requested because Petitioner is indigent.
(If petitioner has not been adjudicated indigent by the trial court, a completed, financial statement affidavit form must be attached.)

8. ATTACHMENTS

The following items are submitted with this form (a, b, or c must be check unless this is a notice of intent to file sentence petition):

- a. ☐ The original petition for review and SIX copies or ☐ petition for hearing from the superior court and SIX copies; OR
- b. ☐ The original petition for hearing from the court of appeals and NINE copies; OR
- c. ☒ The original application and SIX copies.
- d. ☒ A copy of the judgment or order from which relief is sought attached to the original petition and EACH copy.
- e. ☒ A \$250 filing fee or ☐ a motion to appeal at public expense (financial statement affidavit form must be included).
☐ a motion to waive filing fee (if basis for motion is inability to pay, financial statement affidavit form must be included).
☐ no filing fee is required because appellant is ☐ represented by court-appointed counsel.
☐ the state or an agency thereof.
☐ an employee appealing denial of benefits under AS 23.20 (Employment Security Act)
- f. A motion for expedited action ☐ submitted ☐ not submitted.
- g. A motion for stay of trial court proceedings ☐ submitted ☐ not submitted

12/5/18
Date


Signature of Petitioner or Petitioner's Attorney

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this docketing statement and all attachments (except filing fee) were

mailed	delivered	to All Parties in the trial court (listed)
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: _____