

**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**

(for court system use)

No. \_\_\_\_\_

**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.

**1. TYPE OF PETITION**

Type of Petition	Court of Appeals	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
	or Superior Court Case Number			
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 checked="" type="checkbox"/> Petition for Review <input type="checkbox"/> Notice of Intent to file Sentence Petition	A-09455	07/23/07		Motion for Reconsideration: <input type="checkbox"/> not filed. <input checked="" type="checkbox"/> filed. Date filed: <u>08/01/07</u> <input type="checkbox"/> denied by order distribution: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
d. <input type="checkbox"/> Original Application <input type="checkbox"/> from Court of Appeals case. No. _____ <input type="checkbox"/> from trial court case. No. _____ Judge _____ <input type="checkbox"/> Other. Explain: _____				

**2. PETITIONER**

a. Name David S. Haeg Pro Se	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant
c. Petitioner mailing address (not attorney's address) PO Box 123	<input type="checkbox"/> Other. Specify: _____
City State Zip Code Soldotna Alaska 99669	d. Telephone 907-262-9249

**3. PETITIONER'S ATTORNEY**

a. Name N/A	b. Bar Number
c. Attorney mailing address	d. Telephone e. Fax
City State Zip Code	f. Firm/Agency

**4. RESPONDENT**

a. Name State of Alaska	b. Status in the Trial Court <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Respondent mailing address	<input type="checkbox"/> Other. Specify: _____
City State Zip Code	d. Telephone

**4. RESPONDENT'S ATTORNEY**

a. Name <b>Andrew Peterson</b>		<input type="checkbox"/> Court Apptd	b. Bar Number <b>601002</b>	
c. Attorney mailing address <b>310 K. Street, Suite 403</b>			d. Telephone <b>907-269-6250</b>	e. Fax <b>907-269-6305</b>
City <b>Anchorage</b>	State <b>Alaska</b>	Zip Code <b>99501</b>	f. Firm/Agency <b>OSPA</b>	

**5. CONSTITUTIONAL ISSUES**

Is the constitutionality of a state statute or regulation at issue in this proceeding?  Yes  No  
 If yes, cite statute or regulation: AS 16.05.190 and AS 16.05.195

**6. 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.)

**7. ATTACHMENTS**

The following items are submitted with this form (a, b, or c must be checked 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 \$150 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.

8-18-07  
Date

*Richard H. King*  
Signature of Petitioner or Petitioner's Attorney

**CERTIFICATE OF SERVICE**

I certify that on 8-18-07 a copy of this docketing statement and all attachments (except filing fee) were

mailed	delivered	to All parties in the trial court (listed)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	State of Alaska
<input checked="" type="checkbox"/>	<input type="checkbox"/>	U.S. Department of Justice
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Aniak District Court
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Signature: *Richard H. King*