

# In The Supreme Court of Ohio

## Case Information Statement

<b>Case Name:</b> State of Ohio, Plaintiff-Appellee, -vs- Robert Bates, Defendant-Appellant.	<b>Case No.:</b>  <b>07-0293</b>
--	--

**I. Has this case previously been decided or remanded by this Court?** Yes  No

If so, please provide the Case Name: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Any Citation: \_\_\_\_\_

**II. Will the determination of this case involve the interpretation or application of any particular case decided by the Supreme Court of Ohio or the Supreme Court of the United States?** Yes  No

If so, please provide the Case Name and Citation: \_\_\_\_\_

**Will the determination of this case involve the interpretation or application of any particular constitutional provision, statute, or rule of court?** Yes  No

If so, please provide the appropriate citation to the constitutional provision, statute, or court rule, as follows:

U.S. Constitution: Article _____, Section _____	Ohio Revised Code: R.C.2929.14(E)(4)
Ohio Constitution: Article _____, Section _____	Court Rule: _____
United States Code: Title _____, Section _____	Ohio Admin. Code: O.A.C. _____

**III. Indicate up to three primary areas or topics of law involved in this proceeding (e.g., jury instructions, UM/UIM, search and seizure, etc.):**

- 1) sentencing
- 2) consecutive sentence
- 3) other jurisdictions/sentencing/consecutive

**IV. Are you aware of any case now pending or about to be brought before this Court that involves an issue substantially the same as, similar to, or related to an issue in this case?** Yes  No

If so, please identify the Case Name: \_\_\_\_\_  
Case No.: \_\_\_\_\_  
Court where Currently Pending: \_\_\_\_\_  
Issue: \_\_\_\_\_

FILED

FEB 12 2007

MARCIA J. MENGEL, CLERK  
SUPREME COURT OF OHIO

**Contact information for appellant or counsel:**

Robert Bates #469-325	N/A
Name _____ Atty.Reg. # _____	Telephone # _____ Fax # _____
Lebanon Corr. Inst.	Signature of appellant or counsel _____
Address _____	
P.O.B. 56	
Lebanon, Ohio 45306-0056	Counsel for: Appellant, pro se
City _____ State _____ Zip Code _____	