FIRST DISTRICT COURT OF APPEALS
CIVIL DOCKET STATEMENT

Notice: *Pursuant to Loc.R. 3.1(A)(2)(c), failure to file a completed docket statement may result in the dismissal of the appeal.*

Name of Trial Court: _____ **Caption:** _____ Plaintiff-Appellant or Appellee **vs.** _____ Defendant-Appellant or Appellee	**Appeal No.**_____ **Trial No.**_____ **Trial Judge**_____ **Date of Judgment(s) Being Appealed** **Notice of appeal was filed in compliance with:** ☐ App.R. 4(A) (within 30 days); or ☐ App.R. 4(B) (time extended) **Related or Prior Appeals**

General

Have you attached to the notice of appeal a copy of the final judgment being appealed? Yes ☐ No ☐

Is this an appeal from an adoption or a termination of parental rights case? Yes ☐ No ☐

Specify the type of action in the trial court (e.g., administrative appeal, contract, declaratory judgment, personal injury, custody dispute, will contest, etc.):

Probable issues for review:

Is the order appealed from a final appealable order:

Did the judgment dispose of all claims by and against all parties? Yes ☐ No ☐

If not, is there a determination that there is "no just reason for delay" pursuant to Civ.R. 54(B)? Yes ☐ No ☐

If you are appealing an interlocutory order, please specify the authority (e.g., specific provision under R.C. 2505.02, other statute, or case law) that gives this Court jurisdiction to hear the appeal:

Is this an appeal from a judgment ruling on an objection to a magistrate's decision? Yes ☐ No ☐

Parties

Please provide the following information for **all** parties to the proceedings in the trial court. Note: parties who were dismissed from the trial court proceedings should still be listed below with their date(s) of dismissal included on the party designation line).

A party who files a notice of appeal is an appellant. A party who would be adversely affected if the judgment below is reversed should be designated as an appellee. All other parties to the action below should retain their trial court designation (plaintiff, defendant, third-party plaintiff, third-party defendant, petitioner, respondent, etc.).

If a party was not represented by counsel in the proceedings below, please provide the address and phone number of the party. If there are additional parties and/or attorneys, please copy this page, complete the information for the additional parties, and attach it to this statement.

Party's name_____	Party's name_____
Party's designation_____	Party's designation_____
Attorney's name_____	Attorney's name_____
Attorney's registration number_____	Attorney's registration number_____
Address of counsel or party	Address of counsel or party
Phone_____	Phone_____
Email _____	Email _____
Party's name_____	Party's name_____
Party's designation_____	Party's designation_____
Attorney's name_____	Attorney's name_____
Attorney's registration number_____	Attorney's registration number_____
Address of counsel or party	Address of counsel or party
Phone_____	Phone_____
Email _____	Email _____

Mediation

How would you characterize the extent of your settlement discussions before judgment (choose one)?

None ☐ Minimal ☐ Moderate ☐ Extensive ☐

Have settlement discussions taken place since the judgment appealed from was entered? Yes ☐ No ☐

Would a mediation conference assist in the resolution of this matter (choose one)? Yes ☐ No ☐

Record

This Docket Statement serves as a praecipe to the clerk of courts to prepare and transfer the record as specified below by the appellant.

☐ The record will consist of ONLY the original papers, exhibits, and a certified copy of the docket and journal entries that were filed in the trial court. [App.R. 9(A)].
By checking this box, appellant acknowledges that no transcript(s) of proceedings are required to be prepared, and no App.R. 9(C) Statement or App.R. 9(D) Agreed Statement will be filed. If this box is checked, proceed to the *Calendar Designation section*.

☐ In addition to the original papers, exhibits, and a certified copy of the docket and journal entries that were filed in the trial court, the record will include:

- ☐ Complete Transcript of Proceedings under App.R. 9(B)*
- ☐ Partial Transcript of Proceedings under App.R. 9(B)*
- ☐ Statement under App.R. 9(C)—must be submitted to and approved by the trial court
- ☐ Agreed Statement under App.R. 9(D)—must be submitted to and approved by the trial court

***If the record will include transcript(s) of proceedings, please complete the following:**

☐ All transcripts of proceedings have already been prepared and filed in the trial court, and no additional transcripts will be filed. If this box is checked, proceed to the *Calendar Designation section*

☐ There are additional transcript(s) of proceedings that must still be prepared and filed.**
The transcript(s) of proceedings to be filed are (choose one):

- ☐ Complete Transcript of Proceedings [App.R. 9(B)].
- ☐ Partial Transcript of Proceedings [App.R. 9(B)].

If <u>partial</u>, please provide a list of the hearing dates you will be ordering.

If not currently known, indicate this on the lines above and file an amended docket statement when dates become known.

Note: If partial transcript is selected, appellant must comply with App.R. 9(B)(5). Appellee may follow App.R. 9(B)(5) if appellee considers transcripts or other parts of the proceedings necessary to the appeal.

****If there are transcript(s) of proceedings that must still be prepared and filed, the *Court Reporter's Certification* must be completed by the court reporter and appellant must comply with Loc.R. 9(B)(1) by attaching a copy of the transcript order to this docket statement.**

COURT REPORTER'S CERTIFICATION (to be signed by the court reporter)

Will the Court Reporter complete and file the requested transcript(s) of proceedings within 40 days of the filing of the notice of appeal (20 days if on the accelerated calendar)?

☐ Yes
☐ No

If No, please explain why the transcript(s) of proceedings will not be ready for filing within 40 days from the notice of appeal (or 20 days for the accelerated calendar):

Estimated Date of Filing: _____

Signature of Court Reporter: _____ Date: _____

(Email authority of court reporter is permitted; if relying on email authority, please attach the email.)

Calendar Designation

Please choose the appropriate calendar designation for this case.

Regular Calendar: Pursuant to Loc.R. 11.1(A), all appeals are placed on the regular calendar by default.

Accelerated Calendar: Do you wish instead to have your appeal assigned to the accelerated calendar?
Yes ☐ No ☐

If Yes, please identify the applicable factor(s) under Loc.R. 11.1(B) which support the assignment of the case to the accelerated calendar:

Expedited Calendar: Must this case be expedited as being one of the following types of cases?
Yes ☐ No ☐

☐ Abortion-Bypass appeal from juvenile court [App.R. 11.2(B)]
☐ Adoption or parental rights appeal [App.R. 11.2(C)]
☐ Dependent, Abused, Neglected, and Unruly Child appeal [App.R. 11.2(E)]
☐ Election contests [R.C. 3515.08]
☐ Appeal from the Court of Claims involving public records [R.C. 2743.75(G)]
☐ Other (please specify authority for expedited treatment):

CERTIFICATE OF SERVICE

I certify a copy of this document was served upon:_____,
(person(s)/counsel served)

on _____ in the following manner: _____
(date sent) (how sent: i.e., mail or email)

to _____. **(Attach additional pages, if needed.)**
(address or email of where sent)

_____
Signature