



VII. Length and Certification Requirements

- a. AD4
 - Appellant/Respondent Brief
 - Must not exceed 70 pages
 - No Certification Required
 - Reply Brief
 - Must not exceed 35 pages
 - No Certification Required

Perfecting the Appeal



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- I. AD1
 - a. Paper service and filing
 - File 8, serve 2
 - b. Electronic service and filing
 - Over 10MB on a CD
 - Under 10MB by e-mail
 - c. \$315 filing fee payable to Appellate Division

- II. AD2
 - a. Paper service and filing
 - File 9, serve 2
 - b. \$315 filing fee payable to Appellate Division

Perfecting the Appeal



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APPELLATE SERVICES PROVIDER

III. AD3

- a. Paper service and filing
 - Record: File 10, serve 1
 - Appendix: File 10, serve 2 (and File/Serve 1 copy of Record)
 - Brief: File 10, serve 2
- b. \$315 filing fee payable to Appellate Division

IV. AD4

- a. Paper service and filing
 - Record: File 11, serve 2
 - Appendix: File 10, serve 2 (and File/Serve 1 copy of Record)
 - Brief: File 11, serve 2
- b. \$315 filing fee payable to Appellate Division

Oral Argument

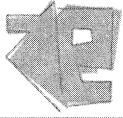


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- I. AD1
 - a. “To be argued by” on brief cover plus Request for Oral Argument Form
 - b. Request for Oral Argument Form submitted no later than the day after Respondent’s Briefs are due
 - c. If two parties, then the standard is 15 minutes each. If multiple parties, then the break down should be itemized.

- II. AD2, AD3 & AD4
 - a. “To be argued by” on brief cover
 - b. Time requested on brief cover

Request for Oral Argument Form



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REQUEST FOR TIME TO ARGUE
OR INTENTION TO SUBMIT PURSUANT TO 600.11(F)

New York Supreme Court

APPELLATE DIVISION — FIRST DEPARTMENT
NOTICED FOR THE _____ TERM

SO AND SO AND X & Y,

against

SO AND SO AND X & Y,

County Clerk's
Index No. _____

The attorneys for the parties in this appeal have consulted, pursuant to 600.11(f) of the rules of this Court, and desire to argue:

- _____ request _____ minutes;
 _____ request _____ minutes.
or
 To Submit without oral argument.

LAW FIRM NAME
Attorneys for _____
Street/Plaza/Avenue
City, State Zip Code
Phone Number

LAW FIRM NAME
Attorneys for _____
Street/Plaza/Avenue
City, State Zip Code
Phone Number

Enlargements of Time



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- I. AD1 – allowed requests
 - a. Perfecting the appeal
 - Only by Motion
 - b. Respondent’s Briefs and Reply Briefs
 - Stipulation
 - Emergency Application

- II. AD2 – allowed requests
 - a. Letter
 - b. Motion

Enlargements of Time



III. AD3 – allowed requests

- a. Perfecting the appeal
 - Only by Motion
- b. Respondent’s Briefs and Reply Briefs
 - Phone Call to Court Clerk (30 Days Requested)
 - Stipulation (more than 30 Days Requested)

IV. AD4 – allowed request

- a. Motion

Multiple Appellants



- I. Determining appellate designation
- II. Briefing schedule
- III. How to navigate Terms in AD1 with multiple appellants

Term	Opening Day of Term	Last Day to File: Records, Appendices, Appellant's Briefs with Note of Issue	Respondent's Briefs	Appellant's Reply Briefs	Request for Oral Arguments and Stipulations for Adjournment
January	January 6	November 10	December 10	December 19	December 11
February	February 3	December 8	January 7	January 16	January 8
March	March 3	January 5	February 4	February 13	February 5
April	March 31	February 2	March 4	March 13	March 5
May	April 21	February 23	March 25	April 3	March 26

9 Days
December 28th

* Since it's a Sunday,
the deadline is now
December 29th

Appeal to the Court of Appeals



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- I. As of right
- II. Motion for leave to the Court of Appeals filed in the Appellate Division
 - a. AD1, AD2, AD3 & AD4
 - Timing – Motion to reargue/Motion for leave in the alternative
 - b. What to include
- III. Motion for leave to the Court of Appeals filed in the Court of Appeals
 - a. Timing
 - b. What to include

New York State Court of Appeals



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- I. Appeal as of right
 - a. Notice of Appeal in court of original instance with Notice of Entry, filing fee and Affidavit of Service
 - b. Preliminary Appeal Statement
 - c. Scheduling Order from New York State Court of Appeals
 - d. Record/Appendix & Brief

- II. Motion for Leave Granted - All the same except for filing a Notice of Appeal

Contact Us



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New York Supreme Court

Appellate Division - First Department

27 Madison Avenue, New York, NY 10010-2201 | Tel: (212) 340-0400

2015 Calendar

▲ The Calendar is called at 2:00 p.m. except on Fridays when it is called at 10:00 a.m.

Term	Opening Day of Term	Last Day to File:			
		Records, Appendices, Appellant's Briefs with Note of Issue	Respondent's Briefs	Appellant's Reply Briefs	Request for Oral Arguments and Stipulations for Adjournment
January	January 6	November 10	December 10	December 19	December 11
February	February 3	December 8	January 7	January 16	January 8
March	March 3	January 5	February 4	February 13	February 5
April	March 31	February 2	March 4	March 13	March 5
May	April 21	February 23	March 25	April 3	March 26
June	May 19	March 23	April 22	May 1	April 23
September	September 8	July 13	August 12	August 21	August 13
October	October 6	August 10	September 9	September 18	September 10
November	November 4	September 8	October 7	October 16	October 8
December	December 1	October 5	November 4	November 13	November 5



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PRINTING SPECIFICATIONS STATEMENT

Pursuant to 22 NYCRR § 600.10(d)(1)(v)

The foregoing brief was prepared on a computer. A _____ typeface was used,
as follows:

Name of typeface: _____

Point size: _____

Line spacing: Double

The total number of words in the brief, inclusive of point headings and footnotes
and exclusive of pages containing the table of contents, table of citations, proof of
service, certificate of compliance, or any authorized addendum containing statutes,
rules, regulations, etc. is _____.

REQUEST FOR TIME TO ARGUE
OR INTENTION TO SUBMIT PURSUANT TO 600.11(F)

New York Supreme Court

APPELLATE DIVISION — FIRST DEPARTMENT
NOTICED FOR THE _____ TERM



SO AND SO AND X & Y,

against

SO AND SO AND X & Y,

County Clerk's
Index No.
_____/____

The attorneys for the parties in this appeal have consulted, pursuant to 600.11(f) of the rules of this Court, and desire to argue:

_____ request __ minutes;

_____ request __ minutes.

or

To Submit without oral argument.

LAW FIRM NAME

Attorneys for _____

Street/Plaza/Avenue

City, State Zip Code

Phone Number

LAW FIRM NAME

Attorneys for _____

Street/Plaza/Avenue

City, State Zip Code

Phone Number

Supreme Court of the State of New York
Appellate Division: Second Judicial Department

Form A - Request for Appellate Division Intervention - Civil

See § 670.3 of the rules of this court for directions on the use of this form (22 NYCRR 670.3).

Case Title: Set forth the title of the case as it appears on the summons, notice of petition or order to show cause by which the matter was or is to be commenced, or as amended.

For Court of Original Instance
Date Notice of Appeal Filed

For Appellate Division

Case Type	<input type="checkbox"/> CPLR article 78 Proceeding <input type="checkbox"/> Special Proceeding Other <input type="checkbox"/> Habeas Corpus Proceeding	Filing Type	<input type="checkbox"/> Transferred Proceeding <input type="checkbox"/> CPLR 5704 Review <input type="checkbox"/> Appeal <input type="checkbox"/> Original Proceeding
<input type="checkbox"/> Civil Action <input type="checkbox"/> CPLR article 75 Arbitration			

Nature of Suit: Check up to five of the following categories which best reflect the nature of the case.

A. Administrative Review	D. Domestic Relations	F. Prisoners	I. Torts
<input type="checkbox"/> 1 Freedom of Information Law <input type="checkbox"/> 2 Human Rights <input type="checkbox"/> 3 Licenses <input type="checkbox"/> 4 Public Employment <input type="checkbox"/> 5 Social Services <input type="checkbox"/> 6 Other	<input type="checkbox"/> 1 Adoption <input type="checkbox"/> 2 Attorney's Fees <input type="checkbox"/> 3 Children - Support <input type="checkbox"/> 4 Children - Custody/Visitation <input type="checkbox"/> 5 Children - Terminate Parental Rights <input type="checkbox"/> 6 Children - Abuse/Neglect <input type="checkbox"/> 7 Children - JD/PINS <input type="checkbox"/> 8 Equitable Distribution <input type="checkbox"/> 9 Exclusive Occupancy of Residence <input type="checkbox"/> 10 Expert's Fees <input type="checkbox"/> 11 Maintenance/Alimony <input type="checkbox"/> 12 Marital Status <input type="checkbox"/> 13 Paternity <input type="checkbox"/> 14 Spousal Support <input type="checkbox"/> 15 Other	<input type="checkbox"/> 1 Discipline <input type="checkbox"/> 2 Jail Time Calculation <input type="checkbox"/> 3 Parole <input type="checkbox"/> 4 Other	<input type="checkbox"/> 1 Assault, Battery, False Imprisonment <input type="checkbox"/> 2 Conversion <input type="checkbox"/> 3 Defamation <input type="checkbox"/> 4 Fraud <input type="checkbox"/> 5 Intentional Infliction of Emotional Distress <input type="checkbox"/> 6 Interference with Contract <input type="checkbox"/> 7 Malicious Prosecution/ Abuse of Process <input type="checkbox"/> 8 Malpractice <input type="checkbox"/> 9 Negligence <input type="checkbox"/> 10 Nuisance <input type="checkbox"/> 11 Products Liability <input type="checkbox"/> 12 Strict Liability <input type="checkbox"/> 13 Trespass and/or Waste <input type="checkbox"/> 14 Other
B. Business & Other Relationships	E. Miscellaneous	G. Real Property	J. Wills & Estates
<input type="checkbox"/> 1 Partnership/Joint Venture <input type="checkbox"/> 2 Business <input type="checkbox"/> 3 Religious <input type="checkbox"/> 4 Not-for-Profit <input type="checkbox"/> 5 Other	<input type="checkbox"/> 1 Constructive Trust <input type="checkbox"/> 2 Debtor & Creditor <input type="checkbox"/> 3 Declaratory Judgment <input type="checkbox"/> 4 Election Law <input type="checkbox"/> 5 Notice of Claim <input type="checkbox"/> 6 Other	<input type="checkbox"/> 1 Condemnation <input type="checkbox"/> 2 Determine Title <input type="checkbox"/> 3 Easements <input type="checkbox"/> 4 Environmental <input type="checkbox"/> 5 Liens <input type="checkbox"/> 6 Mortgages <input type="checkbox"/> 7 Partition <input type="checkbox"/> 8 Rent <input type="checkbox"/> 9 Taxation <input type="checkbox"/> 10 Zoning <input type="checkbox"/> 11 Other	<input type="checkbox"/> 1 Accounting <input type="checkbox"/> 2 Discovery <input type="checkbox"/> 3 Probate/Administration <input type="checkbox"/> 4 Trusts <input type="checkbox"/> 5 Other
C. Contracts	H. Statutory		
<input type="checkbox"/> 1 Brokerage <input type="checkbox"/> 2 Commercial Paper <input type="checkbox"/> 3 Construction <input type="checkbox"/> 4 Employment <input type="checkbox"/> 5 Insurance <input type="checkbox"/> 6 Real Property <input type="checkbox"/> 7 Sales <input type="checkbox"/> 8 Secured <input type="checkbox"/> 9 Other	<input type="checkbox"/> 1 City of Mount Vernon Charter § § 120, 127-f, or 129 <input type="checkbox"/> 2 Eminent Domain Procedure Law § 207 <input type="checkbox"/> 3 General Municipal Law § 712 <input type="checkbox"/> 4 Labor Law § 220 <input type="checkbox"/> 5 Public Service Law § § 128 or 170 <input type="checkbox"/> 6 Other		

V2.0.060293

Appeal

Paper Appealed From (check one only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Amended Decree | <input type="checkbox"/> Determination | <input type="checkbox"/> Order | <input type="checkbox"/> Resettled Order |
| <input type="checkbox"/> Amended Judgment | <input type="checkbox"/> Finding | <input type="checkbox"/> Order & Judgment | <input type="checkbox"/> Ruling |
| <input type="checkbox"/> Amended Order | <input type="checkbox"/> Interlocutory Decree | <input type="checkbox"/> Partial Decree | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Decision | <input type="checkbox"/> Interlocutory Judgment | <input type="checkbox"/> Resettled Decree | |
| <input type="checkbox"/> Decree | <input type="checkbox"/> Judgment | <input type="checkbox"/> Resettled Judgment | |

Court:	County:
Dated:	Entered:
Judge (name in full):	Index No.:
Stage: <input type="checkbox"/> Interlocutory <input type="checkbox"/> Final <input type="checkbox"/> Post-Final	Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury

Prior Unperfected Appeal Information

Are any unperfected appeals pending in this case? Yes No. If yes, do you intend to perfect the appeal or appeals covered by the annexed notice of appeal with the prior appeals? Yes No. Set forth the Appellate Division Cause Number(s) of any prior, pending, unperfected appeals:

Original Proceeding

Commenced by: <input type="checkbox"/> Order to Show Cause <input type="checkbox"/> Notice of Petition <input type="checkbox"/> Writ of Habeas Corpus	Date Filed:
Statute authorizing commencement of proceeding in the Appellate Division:	

Proceeding Transferred Pursuant to CPLR 7804(g)

Court:	County:
Judge (name in full):	Order of Transfer Date:

CPLR 5704 Review of Ex Parte Order

Court:	County:
Judge (name in full):	Dated:

Description of Appeal, Proceeding or Application and Statement of Issues

Description: If an appeal, briefly describe the paper appealed from. If the appeal is from an order, specify the relief requested and whether the motion was granted or denied. If an original proceeding commenced in this court or transferred pursuant to CPLR 7804(g), briefly describe the object of the proceeding. If an application under CPLR 5704, briefly describe the nature of the ex parte order to be reviewed.

Amount: If an appeal is from a money judgment, specify the amount awarded.

Issues: Specify the issues proposed to be raised on the appeal, proceeding, or application for CPLR 5704 review.

Issues Continued:

Use Form B for Additional Appeal Information

Party Information

Instructions: Fill in the name of each party to the action or proceeding, one name per line. If this form is to be filed for an appeal, indicate the status of the party in the court of original instance and his, her, or its status in this court, if any. If this form is to be filed for a proceeding commenced in this court, fill in only the party's name and his, her, or its status in this court.

Examples of a party's original status include: plaintiff, defendant, petitioner, respondent, claimant, defendant third-party plaintiff, third-party defendant, and intervenor. Examples of a party's Appellate Division status include: appellant, respondent, appellant-respondent, respondent-appellant, petitioner, and intervenor.

No.	Party Name	Original Status	Appellate Division Status
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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16			
17			
18			
19			
20			

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Attorney Information

Instructions: Fill in the names of the attorneys or firms of attorneys for the respective parties. If this form is to be filed with the notice of petition or order to show cause by which a special proceeding is to be commenced in the Appellate Division, only the name of the attorney for the petitioner need be provided.

In the event that a litigant represents herself or himself, the box marked "Pro Se" must be checked and the appropriate information for that litigant must be supplied in the spaces provided.

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attorney/Firm Name:

Address:

City: State: Zip: Telephone No.:

Attorney Type: Retained Assigned Government Pro Se Pro Hac Vice

Party or Parties Represented (set forth party number[s] from table above or from Form C):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Use Form C for Additional Party and/or Attorney Information

The use of this form is explained in § 670.3 of the rules of the Appellate Division, Second Department (22 NYCRR 670.3). If this form is to be filed for an appeal, place the required papers in the following order: (1) the Request for Appellate Division Intervention [Form A, this document], (2) any required Additional Appeal Information Forms [Form B], (3) any required Additional Party and Attorney Information Forms [Form C], (4) the notice of appeal or order granting leave to appeal, (5) a copy of the paper or papers from which the appeal or appeals covered in the notice of appeal or order granting leave to appeal is or are taken, and (6) a copy of the decision or decisions of the court of original instance, if any.

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212-719-0990

Form B - Additional Appeal Information

Use this Form For Each Additional Paper Covered by the Notice of Appeal to be filed with Form A

Paper Appealed From (check one only):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Amended Decree | <input type="checkbox"/> Determination | <input type="checkbox"/> Order | <input type="checkbox"/> Resettled Order |
| <input type="checkbox"/> Amended Judgment | <input type="checkbox"/> Finding | <input type="checkbox"/> Order & Judgment | <input type="checkbox"/> Ruling |
| <input type="checkbox"/> Amended Order | <input type="checkbox"/> Interlocutory Decree | <input type="checkbox"/> Partial Decree | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Decision | <input type="checkbox"/> Interlocutory Judgment | <input type="checkbox"/> Resettled Decree | |
| <input type="checkbox"/> Decree | <input type="checkbox"/> Judgment | <input type="checkbox"/> Resettled Judgment | |

Court:	County:
Dated:	Entered:
Judge (name in full):	Index No.:
Stage: <input type="checkbox"/> Interlocutory <input type="checkbox"/> Final <input type="checkbox"/> Post-Final	Trial: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Jury <input type="checkbox"/> Non-Jury

Description of Appeal

Description: Briefly describe the paper appealed from. If the appeal is from an order, specify the relief requested and whether the motion was granted or denied.

Amount: If the appeal is from a money judgment, specify the amount awarded.

Issues: Specify the issues proposed to be raised on the appeal.

Form C - Additional Party and Attorney Information

Additional Party Information			
No.	Party Name	Original Status	Appellate Division Status
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			

Additional Attorney Information

Attorney/Firm Name:																			
Address:																			
City:			State:			Zip:			Telephone No.:										
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice																			
Party or Parties Represented (set forth party number[s] from table above or from Form C):																			
Attorney/Firm Name:																			
Address:																			
City:			State:			Zip:			Telephone No.:										
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice																			
Party or Parties Represented (set forth party number[s] from table above or from Form C):																			
Attorney/Firm Name:																			
Address:																			
City:			State:			Zip:			Telephone No.:										
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice																			
Party or Parties Represented (set forth party number[s] from table above or from Form C):																			
Attorney/Firm Name:																			
Address:																			
City:			State:			Zip:			Telephone No.:										
Attorney Type: <input type="checkbox"/> Retained <input type="checkbox"/> Assigned <input type="checkbox"/> Government <input type="checkbox"/> Pro Se <input type="checkbox"/> Pro Hac Vice																			
Party or Parties Represented (set forth party number[s] from table above or from Form C):																			

Supreme Court of the State of New York
COUNTY OF _____

-----X

Appellant,

— *against* —

**Pre-Argument
Statement**

Respondent.

-----X

1. Title of the action.
2. Full names of original parties and any change in the parties.
3. Names, addresses and telephone numbers of attorneys for the Appellant and Respondent.
4. State whether appeal is from an order or a final judgment, the date, the court, and county from which appeal is taken.
5. State whether there is any additional appeal pending in the same action, the date of entry of the order or judgment, and attach a copy of the notice of appeal and the pre-argument statement.
6. State whether there is any related action or proceeding now pending in any court of this or any other jurisdiction, and if so, the status of any such case.
7. State the nature and object of the cause of action or special proceeding.
8. State as briefly as possible the result reached in the court below.
9. State as briefly as possible the grounds for seeking reversal, annulment or modification.

CERTIFICATION PURSUANT TO CPLR § 2105

I, _____, of the firm _____, attorneys for _____, hereby certify pursuant to Section 2105 of the CPLR that the foregoing papers constituting the _____ have been personally compared by me with the originals, and have been found to be true and complete copies of said originals, and the whole thereof, all of which are now on file in the office of the Clerk of the _____ Court, County of _____.

Dated: _____, _____

LAW FIRM

By:

_____, Esq.
Attorneys for _____

CERTIFICATE OF COMPLIANCE

Pursuant to 22 NYCRR § 670.10.3(f)

The foregoing brief was prepared on a computer. A _____ spaced typeface was used, as follows:

Name of typeface: _____

Point size: _____

Line spacing: Double

The total number of words in the brief, inclusive of point headings and footnotes and exclusive of pages containing the table of contents, table of citations, proof of service, certificate of compliance, or any authorized addendum containing statutes, rules, regulations, etc. is _____.

PRE-CALENDAR STATEMENT
State of New York
Supreme Court - Appellate Division
Third Judicial Department

Case Title: Set forth the full case title.

County Index No.

RJI No.

Date of Commencement

Parties Involved: Set forth the full names of the original parties and any change in parties.

Party Name

(eg. John Doe)

Original Status

(eg. Defendant)

Appellate Status

(eg. Appellant)

Counsel for Appellant(s): Set forth the name, address, telephone number and facsimile telephone number of counsel for appellant(s).

Counsel for Respondent(s) and Counsel for Other Parties: Set forth the name, address, telephone number and facsimile telephone number of counsel for respondent(s) and for each other party.

Court, Judge and County: Identify the court, judge or justice, and the county from which the appeal is taken.

Nature and Object of Action or Proceeding: Concisely set forth the nature and object of the underlying action or proceeding.

Appellate Issue(s): Set forth a clear and concise statement of the issue(s) to be raised on the appeal, the grounds for reversal or modification to be advanced and the specific relief sought on the appeal.

Other Related Matters: Indicate if there is another related action or proceeding, identifying and briefly describing same.

Submitted by:

Signature

Print Name:

Attorney for:

Date:

Attachments: Check

1. Copy of order or judgment appealed from. attached
2. Copy of opinion or decision. attached
 does not exist
3. Copy of notice of appeal or order granting
 leave to appeal. attached

Attach copies, not originals. File this original form with attachments when original notice of appeal is filed in the office where the judgment or order of court of original instance is entered. A copy of this document must be served upon all counsel and pro se parties. (effective 11/12/97).