

**CLERK OF COURTS  
PORTAGE COUNTY COMMON PLEAS COURT  
PO BOX 1035  
RAVENNA OH 44266-1035**

**NOTICE OF APPEAL INFORMATION SHEET**

AS OF APRIL 23, 2010 THE ELEVENTH DISTRICT COURT OF APPEALS IS USING THE ATTACHED FORMS.

THE NOTICE OF APPEAL IS TO BE FILED WITH THE TRIAL COURT.

APPELLANT MUST FILE: NOTICE OF APPEAL, TRANSCRIPT INFORMATION, COPY OF THE FINAL APPEALABLE ORDER, DOCKETING STATEMENT, AND INSTRUCTIONS TO THE CLERK OF COURTS. EACH OF THE ABOVE MUST BE ATTACHED TO EACH COPY OF THE APPEAL.

THE PARTY FILING THE APPEAL SHALL SET FORTH THE NAME OF EACH OF THE PARTIES AND THE NAME, ADDRESS, TELEPHONE NUMBER, AND SUPREME COURT ID NUMBER OF COUNSEL FOR EACH OF THE PARTIES, INCLUDING THE APPELLANT.

APPELLANT SHALL PROVIDE THE CLERK OF THE TRIAL COURT WITH A SUFFICIENT NUMBER OF COPIES. THE CLERK WILL NEED 1 ADDITIONAL COPY OF EACH ADDITIONAL COUNSEL OR PARTY.

ALL FUTURE FILINGS MUST BE FILED WITH THE PORTAGE COUNTY CLERK OF COURTS OFFICE IN RAVENNA, OHIO. DO NOT SEND PLEADINGS DIRECTLY TO THE DISTRICT OFFICE IN WARREN.

THE CLERK NEEDS THE ORIGINAL AND 3 COPIES OF BRIEFS. ON ALL OTHER PLEADINGS THE CLERK NEEDS THE ORIGINAL AND 4 COPIES.

IF YOU WISH TO HAVE TIME STAMPED COPIES RETURNED, YOU MUST SUPPLY THE CLERK WITH THE ORIGINAL AND 4 COPIES OF THE BRIEF AND THE ORIGINAL AND 5 COPIES OF THE MOTIONS AND A SELF-ADDRESSED STAMPED ENVELOPE.

ADVANCE DEPOSITS

NOTICE OF APPEAL	\$125.00
ORIGINAL ACTIONS	\$125.00
CROSS-APPEALS	\$ 50.00
SUBPOENAS	\$ 20.00 DEPOSIT FOR EACH SUBPOENA

THE ADDRESS AND PHONE NUMBER FOR THE DISTRICT OFFICE IN WARREN IS:

COURT OF APPEALS  
111 HIGH ST NE  
WARREN OH 44481  
(330-675-2650

\*IF YOU HAVE ANY QUESTIONS PLEASE CONTACT BETH AT (330) 297-3645

# NOTICE OF APPEAL

(ENTER NAME OF TRIAL COURT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff-Appell \_\_\_\_\_  
- vs -  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant-Appell \_\_\_\_\_

Trial Court No. \_\_\_\_\_  
Court of Appeals No. \_\_\_\_\_

Notice is hereby given that (name each Appellant) \_\_\_\_\_

appeals to the Eleventh District Court of Appeals from the trial court Judgment Entry time-stamped \_\_\_\_\_ (describe it and attach a copy of each Judgment Entry being appealed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Check here if court-appointed and attach copy of appointment and Financial Disclosure/Affidavit of Indigency.

\_\_\_\_\_ Check here if any co-counsel for Appellant and attach a separate sheet indicating name, address, telephone no. and fax no.

**TRANSCRIPT OF PROCEEDINGS INFORMATION - App. R. 9(B)**  
**Counsel or Appellant is responsible for obtaining required information from Court Reporter at the time of filing the Notice of Appeal if a transcript will be ordered.**

\_\_\_\_\_ I have ordered a complete transcript from the court reporter  
Estimated completion date: \_\_\_\_\_ Estimated number of pages: \_\_\_\_\_  
\_\_\_\_\_ I have ordered a partial transcript from the court  
Estimated completion date: \_\_\_\_\_ Estimated number of pages: \_\_\_\_\_  
\_\_\_\_\_ A statement pursuant to App. R. 9 (C) or (D) is to be prepared in lieu of a transcript.  
\_\_\_\_\_ Videotapes to be filed. See App. R. 9(A) or (B)  
\_\_\_\_\_ No transcript or statement pursuant to either App. R. 9(C) or (D) is necessary.  
\_\_\_\_\_ Transcript has been completed and already made part of the record.  
See brief template on this court's website for direction regarding form - [www.11thcourt.co.trumbull.oh.us](http://www.11thcourt.co.trumbull.oh.us)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney or Appellant

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Atty. Regis. No.

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

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

\_\_\_\_\_  
E-Mail Address



**PROBABLE ISSUE FOR REVIEW**

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**THE FOLLOWING QUESTIONS APPLY TO ALL CIVIL AND ADMINISTRATIVE APPEALS**

**1. FINAL APPEALABLE ORDER**

(a) Has the trial court disposed of all claims by and against all parties?

Yes (**Attach copies of all judgments and orders indicating that all claims against all parties have been concluded.**)

No

(b) If the answer to (a) is "No," has the trial court made an express determination that there is "no just reason for delay," pursuant to Civ.R. 54(B), with respect to the judgment or order from which the appeal is taken?

Yes (Attach a copy of that order.)

No

(c) Is the judgment order subject to immediate appeal under R.C. 2505.02? If so, set forth the specific provision(s) that authorize this appeal:

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(d) Does the right to an immediate appeal arise from a provision of a statute other than R.C. 2505.02? If so, identify that statute:

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**2. MEDIATION**

(a) Would a pre-hearing conference or mediation assist in the resolution of this matter?

Yes

No

Maybe

Please explain (optional)

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**CERTIFICATE OF SERVICE:** I certify that I have mailed or otherwise delivered a copy of this Docketing Statement to all counsel of record, or to the parties if unrepresented. The following is a listing of the name, address and telephone number of all counsel and the parties they represent and any parties not represented by counsel: (attach extra sheet if necessary)

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

INSTRUCTIONS FOR SERVICE OF NOTICE OF APPEAL

\_\_\_\_\_

Plaintiff-Appell \_\_\_\_\_,

Trial Court No. \_\_\_\_\_

- vs -

\_\_\_\_\_

Defendant-Appell \_\_\_\_\_.

PLEASE LIST ALL PARTIES AND THEIR COUNSEL WHO ARE INVOLVED IN THE APPEAL.  
THE CLERK OF COURTS WILL MAKE SERVICE BY REGULAR MAIL.

1. ATTORNEY'S NAME: \_\_\_\_\_

ATTY. REGIS. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO THEY REPRESENT: \_\_\_\_\_

2. ATTORNEY'S NAME: \_\_\_\_\_

ATTY. REGIS. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO THEY REPRESENT: \_\_\_\_\_

3. ATTORNEY'S NAME: \_\_\_\_\_

ATTY. REGIS. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO THEY REPRESENT: \_\_\_\_\_

\_\_\_\_\_  
ATTORNEY FILING APPEAL

\_\_\_\_\_  
ATTY. REGIS. NO.

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NO.

(CONTINUE ON NEXT PAGE IF NEEDED)

4. ATTORNEY'S NAME: \_\_\_\_\_  
ATTY. REGIS. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
WHO THEY REPRESENT: \_\_\_\_\_

5. ATTORNEY'S NAME: \_\_\_\_\_  
ATTY. REGIS. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
WHO THEY REPRESENT: \_\_\_\_\_

6. ATTORNEY'S NAME: \_\_\_\_\_  
ATTY. REGIS. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
WHO THEY REPRESENT: \_\_\_\_\_

7. ATTORNEY'S NAME: \_\_\_\_\_  
ATTY. REGIS. NO.: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
WHO THEY REPRESENT: \_\_\_\_\_

PORTAGE COUNTY COMMON PLEAS COURT  
203 West Main Street, P.O. Box 1035  
Ravenna, OH 44266  
Phone 330-297-3644 Fax 330-297-4554

STATE OF OHIO

COUNTY OF PORTAGE

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff-Petitioner

-v-

*Praecipe for Transcript*

\_\_\_\_\_  
Defendant-Respondent

**TO THE COURT REPORTER:**

I hereby request that the following transcript(s) be prepared:

Date of hearing	Type of hearing	Judge Magistrate	for appeal /other	date needed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*I acknowledge that arrangements for payment, including a deposit, if required, are necessary for this transcript order to be accepted and valid.  
(If defendant is indigent and paperwork is in court file, please check here \_\_\_\_\_.)*

BY: \_\_\_\_\_

**ACKNOWLEDGE RECEIPT OF REQUEST:**

Reporter: \_\_\_\_\_

DATED: \_\_\_\_\_

*Note: file original with Clerk; copy to court reporter who took the proceedings –  
It is your responsibility to contact the reporter and make timely arrangements for payment.*