

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

**NOTICE OF APPEAL INFORMATION SHEET**

AS OF JUNE 1, 2007, 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 INFORMATION - App. R. 9(B)

\_\_\_\_\_ 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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

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

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

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

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

**ELEVENTH DISTRICT COURT OF APPEALS  
DOCKETING STATEMENT**

(To be attached to and filed with Notice of Appeal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Trial Court \_\_\_\_\_

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

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

- vs -

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**REGULAR CALENDAR**

\_\_\_\_ Case should be assigned to the Regular Calendar with full briefing.

**ACCELERATED CALENDAR – (Check if this applies)**

\_\_\_\_ I have read Loc.App.R. 11. This appeal meets those requirements, and I request that it be briefed and decided on the Accelerated Calendar.

**EXPEDITED APPEAL**

\_\_\_\_ This case should be heard as an expedited appeal as defined under App.R. 11.2 because: (State provision of App.R. 11.2 or applicable statute): \_\_\_\_\_

**ORAL ARGUMENT**

\_\_\_\_ To expedite oral argument, I am willing to travel to whichever adjoining county in which the Eleventh District has the first available date.

\_\_\_\_ I want oral argument in this appeal set in the county in which the appeal originates.

**CASE TYPE**

\_\_\_\_ **A. Criminal.**

Specify nature of offense(s) (e.g., assault, burglary, rape): \_\_\_\_\_

- (1) Is the defendant presently in jail? \_\_\_\_ Yes \_\_\_\_ No. If the answer is "Yes," give date of incarceration \_\_\_\_\_. When is he/she due to be released (if you know)? \_\_\_\_\_
- (2) Has a stay been filed in the trial court? \_\_\_\_ Yes \_\_\_\_ No. If granted, what are the terms? \_\_\_\_\_
- (3) Does the judgment entry comply with Crim.R. 32(C) by including the plea, verdict or findings, and a sentence? \_\_\_\_ Yes \_\_\_\_ No. If the answer is "No," this is not a final appealable order.

\_\_\_\_ **B. Post-Conviction Relief.** Date of conviction: \_\_\_\_\_

\_\_\_\_ **C. Civil.**

Specify cause(s) of action: \_\_\_\_\_

D. App.R. 11.2 (Abortion, Adoption, or Termination of Parental Rights Appeal).

PROBABLE ISSUE FOR REVIEW \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 or order subject to immediate appeal under R.C. 2505.02? If so, set forth the specific provision(s) that authorize this appeal: \_\_\_\_\_  
\_\_\_\_\_
- (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: \_\_\_\_\_

**2. MEDIATION**

- (a) Would a pre-hearing conference or mediation assist in the resolution of this matter?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Maybe

Please explain (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

INSTRUCTIONS FOR SERVICE OF NOTICE OF APPEAL

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

\_\_\_\_\_  
PLTF

-VS-

\_\_\_\_\_  
DEFT

PLEASE LIST ALL PARTIES AND THEIR COUNSEL WHO WILL BE INVOLVED  
IN THE APPEAL.

THE CLERK OF COURTS WILL MAKE SERVICE BY REGULAR MAIL.

1. ATTORNEY NAME: \_\_\_\_\_

SUPREME CT. ID. \_\_\_\_\_

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

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

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

2. ATTORNEY NAME: \_\_\_\_\_

SUPREME CT. ID. \_\_\_\_\_

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

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

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

\_\_\_\_\_  
ATTORNEY FILING APPEAL ID. NO. ADDRESS

(CONTINUE ON NEXT PAGE IF NEEDED)

3. ATTORNEY NAME:

SUPREME CT. ID.

ADDRESS:

PHONE NO.

WHO THEY REPRESENT

4. ATTORNEY NAME:

SUPREME CT. ID.

ADDRESS:

PHONE NO.

WHO THEY REPRESENT

5. ATTORNEY NAME:

SUPREME CT. ID.

ADDRESS:

PHONE NO.

WHO THEY REPRESENT

6. ATTORNEY NAME:

SUPREME CT. ID.

ADDRESS:

PHONE NO.

WHO THEY REPRESENT