

**CLERK OF COURTS
PORTAGE COUNTY COMMON PLEAS COURT
PO BOX 1035
RAVENNA, OH 44266-1035
330-297-3644**

NOTICE OF APPEAL INFORMATION SHEET

AS OF JULY 1, 2011 THE 11TH DISTRICT COURT OF APPEALS IS USING THE ATTACHED FORMS. NOTICE OF APPEAL, TRANSCRIPT INFORMATION, DOCKETING STATEMENT, INSTRUCTIONS TO THE CLERK OF COURTS, PRAECIPE FOR TRANSCRIPT (IF APPLICABLE) AND A COPY OF THE FINAL APPEALABLE ORDER.

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

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.

THE CLERK OF THE TRIAL COURT SHALL BE PROVIDED 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 4 COPIES OF BRIEFS AND THE ORIGINAL AND 3 COPIES OF MOTIONS. ALL OTHER PLEADINGS THE CLERK NEEDS THE ORIGINAL AND 4 COPIES. IF YOU WISH TO HAVE DATE STAMPED COPIES RETURNED YOU MUST SUPPLY THE CLERK WITH AN ADDITIONAL COPY AND A SELF-ADDRESSED STAMPED ENVELOPE.

ADVANCE DEPOSITS

NOTICE OF APPEAL	\$150.00
EFFECTIVE 2-27-15	\$ 25.00 (SEPARATE FEE PAYABLE TO PO CTY MUNICIPAL COURT)
ORIGINAL ACTIONS	\$150.00
CROSS-AP PEALS	\$ 50.00
SUBPEONAS	\$ 20.00 DEPOSIT FOR EACH SUBPEONA

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)

NOTICE OF APPEAL

(ENTER NAME OF TRIAL COURT)

Trial Court No. _____

Plaintiff-Appell _____

Court of Appeals No. _____

-VS -

Defendant-Appell _____

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(8)

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

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 _____
-vs- _____

Trial Court No. _____

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 Loe.R.11.1. 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: _____

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

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:

(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

Plaintiff-Appell _____

-vs -

Trial Court No. _____

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: _____
