

Invitation to Comment

Title	Appellate Procedure: <i>Civil Case Information Statement</i> (revise form APP-004).
Summary	This proposal would revise the form used to provide the Court of Appeal with information about civil appeals, adding a sheet on which the appellant can provide information about the parties and their attorneys.
Source	Appellate Advisory Committee Hon. Kathryn Doi Todd, Chair
Staff	Heather Anderson, Committee Counsel, 415-865-7691, heather.anderson@jud.ca.gov

In civil appeals to the Court of Appeal, the appellant is required to file a *Civil Case Information Statement* (form APP-004) shortly after filing the notice of appeal (see Cal. Rules of Court, rule 8.100(g)). This statement provides the Court of Appeal with information it needs for the appellate process, including information about the timeliness of the appeal and applicable service requirements. Part III of form APP-004 currently provides the following note:

Please attach to this form a list of all the parties and all their attorneys of record who will participate in the appeal. For the parties, include the following information: the party’s name and his or her designation in the trial court proceeding (plaintiff, defendant, etc.). For the attorneys, include the following information: name, State Bar number, mailing address, telephone number, fax number, and e-mail address.

In the experience of the clerks of the Courts of Appeal, many appellants miss this note in Part III and fail to provide the required information about the parties and their attorneys. This results in delays and in extra work for the clerks and the parties to correct this oversight.

To help prevent these errors, this proposal would add a page to form APP-004 that has spaces for the required information about the parties and their attorneys.

CIVIL CASE INFORMATION STATEMENT	Court of Appeal Case Number (if known)
COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY JUDICIAL COUNCIL 3/12/2010
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____	
TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
APPELLANT: RESPONDENT:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
JUDGES (all who participated in case):	Superior Court Case Number:
NOTE TO APPELLANT: You must file this form with the clerk of the Court of Appeal within 10 days after the clerk mails you a notice that this form must be filed. You must attach to this form (1) a copy of the judgment or order being appealed that shows the date it was entered (see Cal. Rules of Court, rule 8.104 for definition of "entered"); and (2) proof of service of this form on all parties to the appeal. (CAUTION: An appeal in a limited civil case (Code Civ. Proc., § 85) may be taken ONLY to the appellate division of the superior court (Code Civ. Proc., § 904.2) or to the superior court (Code Civ. Proc., § 116.710 [small claims cases]).	

PART I – APPEAL INFORMATION

A. APPEALABILITY

1. Appeal is from:
 - Judgment after jury trial
 - Judgment after court trial
 - Default judgment
 - Judgment after an order granting a summary judgment motion
 - Judgment of dismissal under Code Civ. Proc., § 581d, 583.250, 583.360, or 583.430
 - Judgment of dismissal after an order sustaining a demurrer
 - An order after judgment under Code Civ. Proc., § 904.1(a)(2)
 - An order or judgment under Code Civ. Proc., § 904.1(a)(3)–(13)
 - Other (describe and specify code section that authorizes this appeal):
2. Does the judgment appealed from dispose of all causes of action, including all cross-actions between the parties?
 - Yes No (If no, please explain why the judgment is appealable):

B. TIMELINESS OF APPEAL (Provide all applicable dates.)

1. Date of entry of judgment or order appealed from: ____/____/____
2. Date that notice of entry of judgment or a copy of the judgment was served by the clerk or by a party under California Rules of Court, rule 8.104: ____/____/____
3. Was a motion for new trial, for judgment notwithstanding the verdict, for reconsideration, or to vacate the judgment made and denied? Yes No (If yes, please specify the type of motion):
Date notice of intention to move for new trial (if any) filed: ____/____/____
Date motion filed: ____/____/____ Date motion denied: ____/____/____ Date denial served: ____/____/____
4. Date notice of appeal or cross-appeal filed: ____/____/____

C. BANKRUPTCY OR OTHER STAY

Is there a related bankruptcy case or a court-ordered stay that affects this appeal? Yes No (If yes, please attach a copy of the bankruptcy petition [without attachments] and any stay order.)

APPELLATE CASE TITLE:	APPELLATE COURT CASE NUMBER:
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D. APPELLATE CASE HISTORY *(Provide additional information, if necessary, on attachment I.D.)*

Is there now, or has there previously been, any appeal, writ, or other proceeding related to this case pending in any California appellate court? Yes No *(If yes, insert name of appellate court):*

Appellate court case no.: _____ Title of case: _____
 Name of trial court: _____ Trial court case no.: _____

E. SERVICE REQUIREMENTS

Is service of documents in this matter, including a notice of appeal, petition, or brief, required on the Attorney General or other nonparty public officer or agency under California Rules of Court, rule 8.29 or a statute? Yes No *(If yes, please indicate the rule or statute that applies):*

- | | |
|--|--|
| <input type="checkbox"/> Rule 8.29 (e.g., constitutional challenge; state or county party)
<input type="checkbox"/> Bus. & Prof. Code, §16750.2 (Antitrust)
<input type="checkbox"/> Bus. & Prof. Code, § 17209 (Unfair Competition Act)
<input type="checkbox"/> Bus. & Prof. Code, § 17536.5 (False advertising)
<input type="checkbox"/> Civ. Code, § 51.1 (Unruh, Ralph, or Bane Civil Rights Acts; antiboycott cause of action; sexual harassment in business or professional relations; civil rights action by district attorney)
<input type="checkbox"/> Civ. Code, § 55.2 (Disabled access to public conveyances, accommodations, and housing) | <input type="checkbox"/> Code Civ. Proc., § 1355 (Escheat)
<input type="checkbox"/> Gov. Code, § 946.6 (d) (Actions against public entities)
<input type="checkbox"/> Gov. Code, § 4461 (Disabled access to public buildings)
<input type="checkbox"/> Gov. Code, § 12656(a) (False Claims Act)
<input type="checkbox"/> Health & Saf. Code, § 19954.5 (Accessible seating and accommodations)
<input type="checkbox"/> Health & Saf. Code, § 19959.5 (Disabled access to privately funded public accommodations)
<input type="checkbox"/> Pub. Resources Code, § 21167.7 (CEQA)
<input type="checkbox"/> Other <i>(specify statute):</i> |
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NOTE: The rule and statutory provisions listed above require service of a copy of a party's notice of appeal, petition, or brief on the Attorney General or other public officer or agency. Other statutes requiring service on the Attorney General or other public officers or agencies may also apply.

PART II – NATURE OF ACTION

A. Nature of action *(check all that apply):*

1. Conservatorship
2. Contract
3. Eminent domain
4. Equitable action a. Declaratory relief b. Other *(describe):*
5. Family law
6. Guardianship
7. Probate
8. Real property rights a. Title of real property b. Other *(describe):*
9. Tort
 - a. Medical malpractice
 - b. Product liability
 - c. Other personal injury
 - d. Personal property
 - e. Other tort *(describe):*
10. Trust proceedings
11. Writ proceedings in superior court
 - a. Mandate (Code Civ. Proc., § 1085)
 - b. Administrative mandate (Code Civ. Proc., § 1094.5)
 - c. Prohibition (Code Civ. Proc., § 1102)
 - d. Other *(describe):*
12. Other action *(describe):*

B. This appeal is entitled to calendar preference/priority on appeal *(cite authority):*

APPELLATE CASE TITLE:	APPELLATE COURT CASE NUMBER:
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PART III – PARTY AND ATTORNEY INFORMATION

List of all the parties and all their attorneys of record who will participate in the appeal. For the parties, include the following information: the party's name, his or her designation in the trial court proceeding (plaintiff, defendant, etc.) and in the appeal (appellant or respondent) and whether the party is represented in the appeal by an attorney or is self-represented. If a party is self-represented, please also provide the party's mailing address, telephone number, fax number, and e-mail address on the right side of the page. For the attorneys, include the following information: name, State Bar number, firm name, mailing address, telephone number, fax number, and e-mail address.

Name of Party: Trial court designation: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (specify): Appellate court designation: <input type="checkbox"/> Appellant <input type="checkbox"/> Respondent <input type="checkbox"/> Represented by attorney <input type="checkbox"/> Self-represented	Name of attorney: _____ State Bar no: _____ or self-represented party: Firm name: Mailing address: Telephone no.: _____ Fax no: _____ E-Mail address:
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Name of Party: Trial court designation: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (specify): Appellate court designation: <input type="checkbox"/> Appellant <input type="checkbox"/> Respondent <input type="checkbox"/> Represented by attorney <input type="checkbox"/> Self-represented	Name of attorney: _____ State Bar no: _____ or self-represented party: Firm name: Mailing address: Telephone no.: _____ Fax no: _____ E-Mail address:
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Name of Party: Trial court designation: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (specify): Appellate court designation: <input type="checkbox"/> Appellant <input type="checkbox"/> Respondent <input type="checkbox"/> Represented by attorney <input type="checkbox"/> Self-represented	Name of attorney: _____ State Bar no: _____ or self-represented party: Firm name: Mailing address: Telephone no.: _____ Fax no: _____ E-Mail address:
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Name of Party: Trial court designation: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (specify): Appellate court designation: <input type="checkbox"/> Appellant <input type="checkbox"/> Respondent <input type="checkbox"/> Represented by attorney <input type="checkbox"/> Self-represented	Name of attorney: _____ State Bar no: _____ or self-represented party: Firm name: Mailing address: Telephone no.: _____ Fax no: _____ E-Mail address:
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Additional pages attached

Date:

This statement is prepared and submitted by:

 (SIGNATURE OF ATTORNEY OR SELF-REPRESENTED PARTY)

Item SPR10-05 Response Form

Title: **Appellate Procedure: *Civil Case Information Statement***
(revise form APP-004)

- Agree** with proposed changes
- Agree** with proposed changes **if modified**
- Do not agree** with proposed changes

Comments: _____

Name: _____ **Title:** _____

Organization: _____

- Commenting on behalf of an organization**

Address: _____

City, State, Zip: _____

To Submit Comments

Comments may be submitted online, written on this form, or prepared in a letter format. If you are *not* commenting directly on this form, please include the information requested above and the proposal number for identification purposes. Please submit your comments online or email, mail, or fax comments. You are welcome to email your comments as an attachment.

Internet: <http://www.courtinfo.ca.gov/invitationstocomment/>

Email: invitations@jud.ca.gov

Mail: Ms. Camilla Kieliger
Judicial Council, 455 Golden Gate Avenue
San Francisco, CA 94102

Fax: (415) 865-7664, Attn: Camilla Kieliger

DEADLINE FOR COMMENT: 5:00 p.m., Friday, June 18, 2010

Circulation for comment does not imply endorsement by the Judicial Council or the Rules and Projects Committee. All comments will become part of the public record of the council's action.