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 COERK OF COURTS OFFICE IN RAVENNA, OHIO. DO NOT SEND PLEADINGS DIRECTLY TO THE DISTRICT OFFICE IN WARREN.

THE CLERK NEEDS THE ORIGIINAL 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-APPEALS	$ 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(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

_____ _____
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 _____

_____ Trial Court No. _____

Plaintiff-Appell _____

- 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.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).**

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 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: _____

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.