

**Form 6**

IN THE

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 (Court or Agency From Which Appeal is Taken)

**CIVIL APPEAL DOCKETING STATEMENT**  
 (For Use By The Appellate Mediation Program)

PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY.

THIS SPACE FOR OFFICE USE ONLY

TITLE	Trial Court/Agency Docket Number:
	Is this a Cross-Appeal? _____ Yes _____ No
	Has this matter previously been before the Hawai'i Appellate Courts? _____ Yes _____ No If yes, state when: Case Name: Docket Number:
CHECK AS MANY AS APPLICABLE	
TRIAL COURT/AGENCY DISPOSITION	
1. STAGE OF PROCEEDINGS	2. RELIEF
( <input type="checkbox"/> ) Pre-Trial ( <input type="checkbox"/> ) During Trial ( <input type="checkbox"/> ) After Trial	( <input type="checkbox"/> ) Damages: Amount Sought: \$ _____  Amount Granted: \$ _____  ( <input type="checkbox"/> ) Other (Specify)

DESCRIPTION OF NATURE OF ACTION AND RESULT IN THE TRIAL COURT OR AGENCY:

ANTICIPATED ISSUES PROPOSED TO BE RAISED ON APPEAL:

DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:

- \_\_\_\_\_ Likelihood of a motion to expedite the appeal.
- \_\_\_\_\_ Likelihood of motions to stay appeal pending resolution of a related case. Identify case name, docket number, and court or agency:
  
- \_\_\_\_\_ Other procedural complexities. If so, please identify them:

Appellants' Names:
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<p>COUNSEL FOR APPELLANTS:</p> <p>NAME: ADDRESS:</p> <p>TELEPHONE (    ) EMAIL:</p>	<p>TRIAL COUNSEL FOR APPELLANT(S) (If different from appeal counsel)</p> <p>NAME: ADDRESS:</p> <p>TELEPHONE (    ) EMAIL:</p>
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I CERTIFY THAT A COPY OF THIS CIVIL APPEAL DOCKETING STATEMENT WAS SERVED ON EACH PARTY/COUNSEL SHOWN ON THE ATTACHED SERVICE LIST.

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Signature

Date

REMEMBER TO ATTACH COPIES OF:

- (1) THE ORDER/JUDGMENT APPEALED FROM;
- (2) ANY WRITTEN OPINION OR FINDINGS OF FACT AND CONCLUSIONS OF LAW SUPPORTING THE ORDER/JUDGMENT; AND
- (3) PROOF OF SERVICE ON ALL OTHER PARTIES TO THE TRIAL COURT OR AGENCY PROCEEDINGS (WITH TELEPHONE NUMBERS AND EMAIL ADDRESSES)