

IN THE _____

(Court or Agency from Which Appeal is Taken)

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

INTERNAL USE ONLY

PLEASE TYPE OR PRINT. ATTACH ADDITIONAL PAGES IF NECESSARY.

TITLE:	Lower Court/Agency Docket Number:
	Is this a Cross-Appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this matter previously been before the Hawai'i Appellate Courts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state when? Case Number: SC Docket Number:

CHECK AS MANY AS APPLICABLE

JURISDICTION		LOWER COURT/AGENCY DISPOSITION		
1. LOWER COURT/ AGENCY	2. APPELLATE	1. STAGE OF PROCEEDINGS	2. TYPE OF JUDGMENT ORDER APPEAL	3. RELIEF
<input type="checkbox"/> Statutory <input type="checkbox"/> Other Grounds (Specify)	<input type="checkbox"/> Final Decision of Lower Court/ Agency <input type="checkbox"/> Interlocutory Decision <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Pre-Trial <input type="checkbox"/> During Trial <input type="checkbox"/> After Trial	<input type="checkbox"/> Default Judgment <input type="checkbox"/> Judgment/Court Decision <input type="checkbox"/> Dismissal/Jurisdiction <input type="checkbox"/> Judgment/Jury Verdict <input type="checkbox"/> Dismissal/Merit <input type="checkbox"/> Summary Judgment <input type="checkbox"/> Judgment NOV <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Directed Verdict <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Damages: Amount Sought: \$ _____ Amount Granted: \$ _____ <input type="checkbox"/> Injunctions: <input type="checkbox"/> Preliminary <input type="checkbox"/> Permanent <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Other (Specify)



In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office at PHONE NO. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.

BRIEF DESCRIPTION OF NATURE OF ACTION AND RESULT BELOW:

ANTICIPATED ISSUES PROPOSED TO BE RAISED ON APPEAL:

May the Mediator contact the trial judge to discuss this case? Yes No

BASED ON YOUR PRESENT KNOWLEDGE:

- 1. Does this appeal involve a question of first impression or present a novel legal question?
 Yes No
- 2. Does this appeal involve a question of state or federal constitutional interpretation?
 Yes No
- 3. Does this case raise a question of law regarding the validity of a state statute, county ordinance, or agency regulation?
 Yes No
- 4. Does this case involve issues upon which there is an inconsistency in the decisions of the Intermediate Court of Appeals or the Supreme Court?
 Yes No

If yes, explain briefly: _____

- 5. Will the determination of this appeal turn on the interpretation or application of particular case or statute?
 Yes No

If yes, please provide:
Case name/statute: _____
Citation: _____ Court or Agency: _____
Docket number, if unreported: _____

- 6. Is there any case now pending or about to be filed in this court or any other court or administrative agency which:
 - a) Arises from substantially the same case or controversy as this appeal?
 Yes No
 - b) Involves an issue that is substantially the same, similar or related to an issue in this appeal?
 Yes No

Case name/statute: _____
Citation: _____ Court or Agency: _____
Docket number, if unreported: _____

DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:

- Likelihood of a motion to expedite the appeal.
- Multiple parties on either side for whom joint briefing is possible.
- Likelihood of a motions to intervene on appeal.
- Likelihood of a motions to file amicus briefs.
- Likelihood of a 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: _____

COUNSEL FOR APPELLANT(S):

TRIAL COUNSEL FOR APPELLANT(S)

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

I CERTIFY THAT A COPY OF THIS CIVIL APPEAL DOCKETING STATEMENT WAS SUBMITTED TO THE CLERK OF THE LOWER COURT/AGENCY AND THAT IT WAS SERVED ON EACH PARTY/ COUNSEL SHOWN ON THE ATTACHED SERVICE LIST.

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 PROCEEDINGS BELOW (WITH TELEPHONE NUMBERS)