

<p><b>CIVIL CASE INFORMATION STATEMENT</b></p> <p>COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____</p>	<p>Court of Appeal Case Number if known: _____</p>
<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): _____</p> <p>TELEPHONE _____ FAX NO. _____ E-MAIL ADDRESS (Optional): _____ (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p>FOR COURT USE ONLY</p>
<p>APPELLANT _____ RESPONDENT _____</p>	
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</p> <p>STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME _____</p>	
<p>JUDGES (all who participated in case): _____</p>	<p>Superior Court Case Number _____</p>
<p><b>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]).</b></p>	

**PART I - APPEAL INFORMATION**

**A. APPEALABILITY**

1. Appeal is from:

- Judgment after jury trial
- Judgment after court trial
- Judgment after an order granting a summary judgment motion
- Judgment of dismissal under Code Civ. Proc., §§ 581 d, 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 mailed by the clerk or served by a party under California Rules of Court, \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Was a motion for new trial, judgment notwithstanding the verdict, reconsideration, or to vacate the judgment made and denied?  
 Yes  No If yes, please specify the type of motion: \_\_\_\_\_  
 Date motion filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date denied: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date notice of appeal served: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Date notice of appeal filed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date cross-appeal filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. BANKRUPTCY OR OTHER STAYS**

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

APPELLATE CASE TITLE: _____	SUPERIOR 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 \_\_\_\_\_  Yes  No If yes, insert name of appellate court:

Appellate court case \_\_\_\_\_ Title of \_\_\_\_\_  
 Name of trial \_\_\_\_\_ Title of case \_\_\_\_\_  
 no.:

**E. SERVICE REQUIREMENTS**

Is service of documents in this matter, including a brief or a petition 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<br><input type="checkbox"/> Bus. & Prof. Code, § 17209 (Unfair Competition Act)<br><input type="checkbox"/> Bus. & Prof. Code, § 17536.5 (False advertising)<br><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)<br><input type="checkbox"/> Civ. Code, § 55.2 (Disabled access to public conveyances, accommodations, and housing) | <input type="checkbox"/> Gov. Code, § 4461 (Disabled access to public buildings)<br><input type="checkbox"/> Gov. Code, § 12656(a) (False Claims Act)<br><input type="checkbox"/> Health & Saf. Code, § 19954.5 (Accessible seating and accommodation)<br><input type="checkbox"/> Health & Saf. Code, § 19959.5 (Disabled access to privately funded public accommodations)<br><input type="checkbox"/> Other (please specify statute): |
|---|--|

NOTE: The rule and statutory provisions listed above require service of a copy of a party's brief or petition and 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. (See, e.g., Code Civ. Proc., § 1355; Gov. Code, § 946.6(d); Pub. Resources Code, § 21167.7.)

**PART 11 - NATURE OF ACTION**

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

- |  |   |  |
|--|---|--|
| 1 <input type="checkbox"/> Conservatorshi                        |   |  |
| 2 <input type="checkbox"/> Contra                                |   |  |
| 3 <input type="checkbox"/> Eminent domain                        |   |  |
| 4 <input type="checkbox"/> Equitable action                      | a <input type="checkbox"/> Declaratory relief                                 | b <input type="checkbox"/> Other (describe): |
| 5 <input type="checkbox"/> Family                                |   |  |
| 6 <input type="checkbox"/> Guardianship                          |   |  |
| 7 <input type="checkbox"/> Probate                               |   |  |
| 8 <input type="checkbox"/> Real property rights                  | a <input type="checkbox"/> Title of real property                             | b <input type="checkbox"/> Other (describe): |
| 9 <input type="checkbox"/> To                                    |   |  |
| a <input type="checkbox"/> Medical malpractice                   | b <input type="checkbox"/> Product liability                                  |  |
| c <input type="checkbox"/> Other personal injury                 | d <input type="checkbox"/> Personal property                                  |  |
| e <input type="checkbox"/> Other tort (describe):                |   |  |
| 1 <input type="checkbox"/> Trust proceedings                     |   |  |
| 2 <input type="checkbox"/> Writ proceedings in superior court    |   |  |
| a <input type="checkbox"/> Mandate (Code Civ. Proc., § 1085)     | b <input type="checkbox"/> Administrative mandate (Code Civ. Proc., § 1094.5) |  |
| c <input type="checkbox"/> Prohibition (Code Civ. Proc., § 1102) | d <input type="checkbox"/> Other (describe):                                  |  |
| 1 <input type="checkbox"/> Other action (describe):              |   |  |

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

**PART III - PARTY AND ATTORNEY INFORMATION**

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.

Date \_\_\_\_\_  
 e-

This statement is prepared and submitted by: \_\_\_\_\_

(SIGNATURE OF ATTORNEY OR UNREPRESENTED PARTY)