TO BE FILED IN THE COURT OF APPEAL

С	OURT OF APPEAL,	APPELLATE DISTRICT, DIVISION	COURT OF APPEAL CASE NUMBER (if known):
ATTOR	NEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER:	
NAME:			FOR COURT USE ONLY
FIRM N			
STREE CITY:	T ADDRESS:	STATE: ZIP CODE:	
	HONE NO.:	FAX NO.:	
	ADDRESS:		
ATTOR	NEY FOR (<i>name</i>):		
AI	PPELLANT:		
RES	PONDENT:		
SUPE	RIOR COURT OF CALIFORNIA, C	OUNTY OF	
STREI	ET ADDRESS:		
	NG ADDRESS:		
	ANCH NAME: DGES (all who		
	pated in case):		SUPERIOR COURT CASE NUMBER:
	CIVIL CASE IN	FORMATION STATEMENT	
NOT	E TO APPELLANT: You must	file this form with the clerk of the Court o	f Appeal within 15 days after the clerk mails you
			D(e)(1). You must attach to this form a copy of the
	• • • •	•	Cal. Rules of Court, rule 8.104 for definition of
			arties to this appeal. (CAUTION: An appeal in a
		s 85) may be taken ONLY to the appellate	e division of the superior court (Code Civ. Proc.,
8 90.			
1. Al	PPEALABILITY	PART I – APPEAL INFORMA	TION
	Appeal is from:		
u.			
	judgment after jury trial.		
	judgment after court trial.		
	default judgment.		
	judgment after an order g	granting a summary judgment motion.	
	iudament of dismissal un	der Code Civ. Proc., § 581d, 583.250, 583.3	360. or 583.430.
		ter an order sustaining a demurrer.	
		under Code Civ. Proc., § 904.1(a)(2).	
	, ,	der Code Civ. Proc., § 904.1(a)(3)–(13).	
		cify code section that authorizes this appeal)	ŀ.
h		rom dispose of all causes of action, including	
υ.			-
а т .		please explain why the judgment is appeala	DIE).
2. 11	MELINESS OF APPEAL (Provid		
a.	, , , ,		
b.	Date that notice of entry of jud Court, rule 8.104:	gment or a copy of the judgment was served	d by the clerk or by a party under California Rules of
C.		judgment notwithstanding the verdict, for re	consideration, or to vacate the judgment made and
	Yes No (If yes,	, please specify the type of motion):	
	Date notice of intention t	o move for new trial (if any) filed:	
	Date motion filed:	Date motion denied:	Date denial served:
d	Date notice of appeal or	cross-appeal filed:	

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.)			

APP-004

			APP-004
AP	PELLATE CASE TITLE:		APPELLATE COURT CASE NUMBER:
ł [APPELLATE CASE HISTORY (<i>Provide additional informati</i> been, any appeal, writ, or other proceeding related to this c Yes No (If yes, insert name of appellate cou	ase pending in any Cali ırt):	
		e of case:	
		l court case no.:	
I	SERVICE REQUIREMENTS s service of documents in this matter, including a notice of nonparty public officer or agency under California Rules of Yes No (If yes, please indicate the rule or s	Court, rule 8.29 or a sta tatute that applies)	tute?
[Rule 8.29 (e.g., constitutional challenge; state or cou	nty party) Code C	Civ. Proc., § 1355 (Escheat)
[Bus. & Prof. Code, §16750.2 (Antitrust)	Gov. C	ode, § 946.6(d) (Actions against public entities)
[Bus. & Prof. Code, § 17209 (Unfair Competition Act)	Gov. C	ode, § 4461 (Disabled access to public buildings)
[Bus. & Prof. Code, § 17536.5 (False advertising)		ode, § 12656(a) (False Claims Act)
[Civ. Code, § 51.1 (Unruh, Ralph, or Bane Civil Rights Acts; antiboycott cause of action; sexual harassment business or professional relations; civil rights action b district attorney)	in accom y Health	& Saf. Code, § 19954.5 (Accessible seating and modations) & Saf. Code, § 19959.5 (Disabled access to y funded public accommodations)
[Civ. Code, § 55.2 (Disabled access to public	Pub. R	esources Code, § 21167.7 (CEQA)
	conveyances, accommodations, and housing)	Other	(specify statute):
on	TE: The rule and statutory provisions listed above requise the Attorney General or other public officer or agency. lic officers or agencies may also apply.	Other statutes requiri	
	PART II – N	ATURE OF ACTION	
1. I	Nature of action (check all that apply):		
t c c f f	Probate Real property rights (1) Title of real property Tort		be): lescribe):
	(1)Medical malpractice(2)(3)Other personal injury(4)	Product liabilityPersonal property	

(5)

(3)

j. Trust proceedings

I. Other action (describe):

Other tort (describe):

(1) Mandate (Code Civ. Proc., § 1085)

Prohibition (Code Civ. Proc., § 1102)

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

k. Writ proceedings in superior court

Other (describe):

(2)

(4)

Administrative mandate (Code Civ. Proc., § 1094.5)

APPELLATE CASE TITLE:

APPELLATE COURT CASE NUMBER:

PART III – PARTY AND ATTORNEY INFORMATION

In the spaces below or on a separate page or pages, list all the parties and all their attorneys of record who will participate in the appeal. For each party, provide all of the information requested on the left side of the page. On the right side of the page, if a party is self-represented please check the appropriate box and provide the party's mailing address, telephone number, fax number, and e-mail address. If a party is represented by an attorney, on the right side of the page, check the appropriate box and provide all of the requested information about that party's attorney.

Responses to Part III are attached instead of below

Name of Party: Appellate court designation: Appellant Respondent Trial court designation: Plaintiff Defendant Other (specify):	Represented by attorney Self-represented Name of attorney: State Bar no: Firm name: Mailing address: Telephone no.: Fax no: Email address: Fax no:
Name of Party: Appellate court designation: Appellant Respondent Trial court designation: Plaintiff Defendant Other (specify):	Represented by attorney Self-represented Name of attorney: State Bar no: State Bar no: Firm name: Mailing address: Fax no: Telephone no.: Fax no: Email address: Fax no:
Name of Party: Appellate court designation: Appellant Respondent Trial court designation: Plaintiff Defendant Other (specify):	Imain address: Represented by attorney Self-represented Name of attorney: State Bar no: Firm name: Mailing address: Telephone no.: Fax no: Email address:
Name of Party: Appellate court designation: Appellant Respondent Trial court designation: Plaintiff Defendant Other (specify):	Represented by attorney Self-represented Name of attorney: State Bar no: State Bar no: Firm name: Mailing address: Fax no: Telephone no.: Fax no: Email address: Fax no:

Date:

This statement is prepared and submitted by:

(SIGNATURE OF ATTORNEY OR SELF-REPRESENTED PARTY)

APPELLATE CASE TITLE:	APPELLATE COURT CASE NUMBER:

NOTICE TO PARTIES: A copy of this form must be served on the other party or parties to this appeal. If served by mail or personal delivery, THE MAILING OR DELIVERY MUST BE PERFORMED BY SOMEONE WHO IS NOT A PARTY TO THE APPEAL. Electronic service is authorized only if ordered by the court or if the party served has agreed to accept electronic service. A person who is at least 18 years old must complete the information below and serve all pages of this document. When all pages of this document have been completed and a copy served, the original may then be filed with the court.

PROOF	OF	SER	VICE

Personal Service

Electronic Service

1. At the time of service I was at least 18 years of age.

Mail

- 2. My residence or business address is (specify):
- 3. I mailed, personally delivered, or electronically served a copy of the *Civil Case Information Statement (Appellate)* as follows (complete a, b, or c):
 - a. Mail. I am a resident of or employed in the county where the mailing occurred and am not a party to this legal action.
 - (1) I enclosed a copy in an envelope and
 - (a) deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.
 - (b) placed the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed as follows:
 - (a) Name of person served:
 - (b) Address on envelope:
 - (c) Date of mailing:
 - (d) Place of mailing (city and state):
 - b. Personal delivery. I am not a party to this legal action. I personally delivered a copy as follows:
 - (1) Name of person served:
 - (2) Address where delivered:
 - (3) Date delivered:
 - (4) Time delivered:
 - c. Electronic service. My electronic service address is *(specify):*

I electronically served a copy as follows:

- Name of person served:
- (2) Electronic service address of person served:
- (3) On *(date):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	

(SIGNATURE OF DECLARANT)