

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

**PART I – APPEAL INFORMATION**

**A. APPEALABILITY**

1. Appeal is from:

- Judgment after jury trial
- Judgment after court trial
- Default judgment
- Judgment after an order granting a summary judgment motion
- Judgment of dismissal under Code Civ. Proc., §§ 581d, 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, rule 8.104: \_\_\_\_/\_\_\_\_/\_\_\_\_
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 denial served: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**C. BANKRUPTCY OR OTHER STAY**

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.)

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 court?  Yes  No If yes, insert name of appellate court:

Appellate court case no.: \_\_\_\_\_ Title of case: \_\_\_\_\_  
 Name of trial court: \_\_\_\_\_ Trial court 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 accommodations)<br><input type="checkbox"/> Health & Saf. Code, § 19959.5 (Disabled access to privately funded public accommodations)<br><input type="checkbox"/> Other <i>(please specify statute)</i> : _____ |
|--|---|

**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 II – NATURE OF ACTION**

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

1.  Conservatorship
2.  Contract
3.  Eminent domain
4.  Equitable action    a.  Declaratory relief    b.  Other *(describe)*:
5.  Family law
6.  Guardianship
7.  Probate
8.  Real property rights    a.  Title of real property    b.  Other *(describe)*:
9.  Tort
 

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 <i>(describe)</i> :	
10.  Trust proceedings
11.  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 <i>(describe)</i> :
12.  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: \_\_\_\_\_

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

▶ \_\_\_\_\_  
(SIGNATURE OF ATTORNEY OR UNREPRESENTED PARTY)

## PARTY IDENTIFICATION SHEET

**(Only parties to the appeal are to be listed)**

The Party Identification Sheet is a required attachment to the Case Information Statement form filed within the jurisdiction of the Second Appellate District. [The Party Identification Sheet may also be used with the Notice of Appeal form (APP-002).]

Only those persons or entities that are *parties to the appeal* are to be listed. Counsel identifying information must include counsel's name, firm name, state bar number, address, and phone number. Unrepresented parties should appear in the "Counsel" column with the appropriate contact information.

Party	Counsel
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____
Appellant <input type="checkbox"/> Respondent <input type="checkbox"/>	<i>Name:</i> _____ <i>State Bar No.</i> _____