

**COURT OF APPEALS OF OHIO
NINTH APPELLATE DISTRICT**

Docketing Statement

Appeal No. _____

A time-stamped copy of the final judgment being appealed must be attached to this statement.

Trial Court Name _____

Trial Court Caption _____

(Name of first plaintiff)

versus

(Name of first defendant)

Trial Court Case Number _____

Trial Court Judge _____

Date of judgment appealed _____

Was the time to appeal extended
by App.R. 4(B)? Yes No

CALENDAR DESIGNATION

THIS APPEAL SHOULD BE ASSIGNED TO:

Regular Calendar.

Accelerated Calendar. *See* Loc.R. 21.

Expedited Calendar (generally for appeals involving termination of parental rights). *See* App.R. 11.2.

THE RECORD

Mark the paragraph that applies.

TO THE CLERK OF COURTS: Please immediately assemble and transmit the record in this case. I certify that the paragraph I marked accurately describes the complete record to be filed:

1. The record will consist of **ONLY** the original papers, exhibits, a certified copy of the docket and journal entries, and any transcripts of proceedings that were filed in the trial court prior to final judgment.
2. The record will include the original papers and exhibits filed in the trial court, a certified copy of the docket and journal entries, and a full or partial transcript of proceedings prepared for this appeal by a court reporter appointed by the trial court, who I served with a praecipe that I also filed with this court. If only a partial transcript of proceedings is requested, see App.R. 9(B).
3. The record will include the original papers and exhibits filed in the trial court and a certified copy of the docket and journal entries, and a statement of the evidence or proceedings pursuant to App.R. 9(C) or an agreed statement of the case pursuant to App.R. 9(D).
4. The record will include the original papers and exhibits filed in the trial court and a certified copy of the docket and journal entries, and both a transcript of proceedings prepared by a court reporter appointed by the trial court and a statement of the evidence or case pursuant to App.R. 9(C) or (D). If only a partial transcript of proceedings is requested, see App.R. 9(B).

If you intend to rely upon a transcript of proceedings filed in an earlier appeal, you must seek permission from the court to supplement the record in this appeal with the transcript filed in the earlier appeal.

**A time-stamped copy of the final judgment being appealed must be attached to this statement.
If the order appealed is not final and appealable under R.C. 2505.02, the Court must dismiss the appeal.**

THE PARTIES

Please provide the following information for **all** parties to the proceedings in the trial court.

A party who files a notice of appeal is an appellant. A party who would be adversely affected if the judgment below is reversed should be designated as an appellee. All other parties to the action below should retain their trial court designation (plaintiff, defendant, third-party plaintiff, third-party defendant, petitioner, respondent, etc). **See Local Rule 3.**

If a party was not represented by counsel in the proceedings below, please provide the address and phone number of the party. If there are additional parties and/or attorneys, please copy this page, complete the information for the additional parties, and attach it to this statement. **Appellant must attach a copy of any order that resolved a claim against any of the parties.**

Party's name _____ Party's designation _____ Attorney's name _____ Attorney's registration number _____ Address of counsel or party _____ Phone _____ Fax _____ Email _____	Party's name _____ Party's designation _____ Attorney's name _____ Attorney's registration number _____ Address of counsel or party _____ Phone _____ Fax _____ Email _____
Party's name _____ Party's designation _____ Attorney's name _____ Attorney's registration number _____ Address of counsel or party _____ Phone _____ Fax _____ Email _____	Party's name _____ Party's designation _____ Attorney's name _____ Attorney's registration number _____ Address of counsel or party _____ Phone _____ Fax _____ Email _____
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