

APPEAL - CIVIL

JD-SC-28 Rev. 2-99
P.B. §§ 3-8, 62-8, 63-3, 63-4, 63-10
C.G.S. §§ 51-197f, 52-470

INSTRUCTIONS

1. Prepare on typewriter.
2. Sign "Appeal" and "Certification" sections, marked by X below.
3. Submit the original to the trial court clerk, who shall endorse it and return an endorsed photocopy to counsel.
4. The trial court clerk shall send a copy of the endorsed appeal form to the trial judge.
5. Counsel shall file the endorsed copy of the appeal form, along with the papers

- TO SUPREME COURT
 TO APPELLATE COURT

NAME OF CASE (State full name of case as appears in judgment file)

CLASSIFICATION

- APPEAL CROSS APPEAL JOINT APPEAL AMENDED APPEAL CONSOLIDATED APPEAL STIPULATION FOR RESERVATION CORRECTED/AMENDED APPEAL FORM OTHER (Specify)

TRIAL COURT HISTORY	TRIED TO <input type="checkbox"/> COURT <input type="checkbox"/> JURY		TRIAL COURT LOCATION
	TRIAL COURT JUDGE		LIST ALL TRIAL COURT DOCKET NUMBERS
	JUDGMENT FOR (Where there are multiple parties, specify any individual party(ies) for whom judgment may have been entered.) <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <input type="checkbox"/> OTHER:		
	JUDGMENT DATE	DATE FOR FILING EXTENDED APPEAL	DATE OF ISSUANCE OF NOTICE ON ANY ORDER ON ANY MOTION WHICH WOULD RENDER JUDGMENT INEFFECTIVE
	CASE TYPE <input type="checkbox"/> JUVENILE <input type="checkbox"/> CIVIL: Major/Minor code _____ <input type="checkbox"/> FAMILY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> HABEAS CORPUS <input type="checkbox"/> OTHER _____		
For habeas corpus or zoning appeals indicate the date certification was granted:			DATE CERTIFICATION GRANTED

APPEAL	APPEAL FILED BY (Where there are multiple parties, specify the name of the individual party(ies) filing this appeal.) <input type="checkbox"/> PLAINTIFF _____ <input type="checkbox"/> DEFENDANT _____ <input type="checkbox"/> OTHER _____		
	FROM (the action which constitutes the final judgment): _____		
	IF TO SUPREME COURT, STATUTORY BASIS FOR THE APPEAL (C.G.S. § 51-199)		
	BY (Signature of attorney or pro se party) X	TELEPHONE NO.	FAX NO. JURIS NO. (If applicable)

APPEARANCE	TYPE NAME AND ADDRESS OF PERSON SIGNING ABOVE (This is your appearance; see P.B. § 62-8)		
	"X" ONE IF APPLICABLE <input type="checkbox"/> Pursuant to P.B. § 62-8, counsel who files this appeal shall be deemed to have appeared in addition to counsel of record who appeared in the trial court. <input type="checkbox"/> Pursuant to P.B. § 3-8 counsel who files this appeal is appearing in lieu of: _____		
	NAME OF COUNSEL AND JURIS NO.		

ATTACHMENTS	INDICATE WHICH OF THE FOLLOWING ARE ATTACHED BY PLACING AN "X" IN THE PROPER BOX(ES)			
	<input type="checkbox"/> 1. PRELIMINARY STATEMENT OF THE ISSUES	<input type="checkbox"/> 5. STATEMENT FOR PREARGUMENT CONFERENCE	<input type="checkbox"/> 6. DRAFT JUDGMENT FILE	<input type="checkbox"/> 7. CONSTITUTIONALITY NOTICE
	<input type="checkbox"/> 2. PRELIMINARY DESIGNATION OF PLEADINGS	<input type="checkbox"/> 8. DS1 (DOCKET SHEETS)		
	<input type="checkbox"/> 3. COURT REPORTER'S ACKNOWLEDGMENT/ CERTIFICATE RE TRANSCRIPT			
	<input type="checkbox"/> 4. DOCKETING STATEMENT			

CERTIFICATION (P.B. § 63-3)	I HEREBY CERTIFY THAT A COPY HEREOF WAS SERVED ON ALL COUNSEL AND PRO SE PARTIES OF RECORD IN ACCORDANCE WITH THE PROVISIONS OF P.B. § 62-7 ON:*	DATE	SIGNED (Individual counsel) X
	* Attach list with name, address, telephone and facsimile numbers of each counsel and pro se party served.		

TO BE COMPLETED BY TRIAL COURT CLERK

<input type="checkbox"/> Entry Fee Paid <input type="checkbox"/> No Fees Required <input type="checkbox"/> Fees, Costs, and Security waived by Judge: JUDGE _____ DATE _____	COURT USE ONLY - FILE DATE
SIGNED (Clerk of trial court)	

SETTLEMENT MATERIAL - CONFIDENTIAL

STATEMENT FOR PREARGUMENT CONFERENCE

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CONNECTICUT JUDICIAL BRANCH
APPELLATE CLERK
231 CAPITOL AVENUE
P.O. DRAWER Z, STATION A
HARTFORD CT 06106

INSTRUCTIONS

1. Prepare on typewriter; serve copies on opposing counsel (P.B. § 62-7)
2. List on the reverse side of form the names and addresses of opposing counsel and pro se parties that have been served with a copy of this form.
3. If you are the appellant, you are required to attach a copy of the trial court's written memorandum of decision or a transcript of the trial court's oral decision pursuant to P.B. § 64-1.
4. Submit in duplicate to the Appellate Clerk at the address shown.

NAME OF CASE(S)	FOR COURT USE ONLY (Docket Numbers)
CASE TYPE	
BRIEFLY DESCRIBE THE FINAL JUDGMENT/RULING APPEALED	
PARTY OR PARTIES APPEALING	
ATTORNEY OR PRO SE PARTY FILING STATEMENT FOR PREARGUMENT CONFERENCE/JURIS NO.	TELEPHONE NO.
ADDRESS (No., street, town, state and zip)	

FILING STATUS (Check all that apply)

ATTORNEY PRO SE APPELLANT CROSS-APPELLANT

1. State the issues you intend to present on the appeal or cross-appeal or, alternatively, attach a copy of your Preliminary Statement of the Issues to this form (P.B. §§ 61-8, 63-4). Continue on separate page if necessary.

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2. If this appeal was filed in the Appellate Court, should it be transferred to the Supreme Court? YES NO

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3. Would you be willing to waive oral argument in this case? YES NO (EXPLAIN BELOW)

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4. Have you attached a copy of the memorandum of decision or a transcript of oral decision? YES NO (EXPLAIN BELOW)

NOTICE TO COUNSEL

The failure to file this form, or the failure to attend a preargument conference, may result in the imposition of sanctions (P.B. §§ 85-2, 85-3). It is the duty of counsel to communicate with each other to assure attendance at the conference.

I hereby certify that a copy of the above was mailed to all counsel and pro se parties of record in accordance with the provisions of Practice Book section 62-7.

SIGNATURE OF INDIVIDUAL COUNSEL/PRO SE	DATE SIGNED
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