

<b>State of Alabama Unified Judicial System Form ARAP-25 (front) 3/2007</b>	<b>DOCKETING STATEMENT Appeal to the Court of Civil Appeals</b>	<b>Appellate Case Number</b> (to be filled in by appellate court) _____
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**NOTE: COMPLETED CIVIL CASE COVER SHEET MUST BE ATTACHED**

COUNTY	CIVIL ACTION NUMBER	TRIAL JUDGE
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**PARTY FILING APPEAL (Appellant) :**

\_\_\_\_\_

**v. PARTY APPEALED AGAINST (Appellee) :**

\_\_\_\_\_

<b>APPELLANT'S ATTORNEY:</b>		Telephone Number	
Address	City	State	Zip Code

<b>APPELLEE'S ATTORNEY:</b>		Telephone Number	
Address	City	State	Zip Code

**TYPE OF APPEAL:**       Appeal                       Cross-Appeal

**JURISDICTION (TYPE OF CASE):** Please check the proper description of the appealed case:

<b>A</b> <input type="checkbox"/> Summary Judgment, amount claimed equal to or less than \$ 50,000	<b>E</b> <input type="checkbox"/> Workmen's Compensation
<b>B</b> <input type="checkbox"/> Judgment Amount equal to or less than \$ 50,000	<b>F</b> <input type="checkbox"/> Administrative Agency
<b>C</b> <input type="checkbox"/> Amount Sought in trial court \$ 50,000 or less, judgment for defendant	<b>G</b> <input type="checkbox"/> Juvenile
<b>D</b> <input type="checkbox"/> Domestic Relations	<b>H</b> <input type="checkbox"/> Other: _____

**JURISDICTION (FINALITY):** Date of entry of judgment appealed from: \_\_\_\_\_  
Month      Day      Year

1. Is the order or judgment appealed from in compliance with Rule 58, A.R.Civ.P.?	Yes	No
2. Is the order or judgment appealed from a final judgment (i.e., does it dispose of the case as to all claims by all parties)	Yes	No
3. If the judgment was not final, did the trial court direct the entry of a judgment pursuant to Rule 54(b), A.R.Civ.P.?	Yes	No
4. If judgment was entered pursuant to rule 54(b), A.R.Civ.P., did the trial court expressly determine that there was no just reason for delay and expressly direct that judgment be entered?	Yes	No
5. If there is no final judgment or if there has not been full compliance with Rule 54(b), A.R.Civ.P., please explain the basis for seeking appellate review and cite the authority for the appeal:		

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POST-JUDGMENT MOTIONS:** List all post-judgment motions by date of filing, type, and date of disposition (whether by trial court order or by the provisions of Rule 59.1, A.R.Civ.P.):

DATE OF FILING			TYPE OF POST-JUDGMENT MOTION	DATE OF DISPOSITION		
Month	Day	Year		Month	Day	Year

**CONSTITUTIONAL ISSUES:** 1. Are the provisions of Rule 44, A.R.App.P., applicable to this appeal? @ Yes @ No  
 2. If so, have the provisions been complied with? @ Yes @ No

**NATURE OF CASE ON APPEAL:** In the left column of boxes preceding the categories listed below, check the box (check only one) that best describes or categorizes the basis or theory of the primary issue on appeal. In the right column of boxes, check any secondary theories that are applicable to the suit. These topics need to be checked only if the issues on appeal vary from the information supplied in the same columns on the civil case "cover sheet" filed in the trial court.

<p><b>TORTS – Personal Injury</b></p> <p>A <input type="checkbox"/> <input type="checkbox"/> Bad Faith</p> <p>B <input type="checkbox"/> <input type="checkbox"/> Fraud</p> <p>C <input type="checkbox"/> <input type="checkbox"/> Legal Malpractice</p> <p>D <input type="checkbox"/> <input type="checkbox"/> Med. Malpractice</p> <p>E <input type="checkbox"/> <input type="checkbox"/> Other Malpractice</p> <p>F <input type="checkbox"/> <input type="checkbox"/> Products/AEMLD</p> <p>G <input type="checkbox"/> <input type="checkbox"/> Gen. Negligence</p> <p>H <input type="checkbox"/> <input type="checkbox"/> Vehicular Negligence</p> <p>I <input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p><b>TORTS – Property Damage</b></p> <p>J <input type="checkbox"/> <input type="checkbox"/> Personalty</p> <p>K <input type="checkbox"/> <input type="checkbox"/> Realty</p> <p><b>CONTRACTS</b></p> <p>L <input type="checkbox"/> <input type="checkbox"/> Commercial</p> <p>M <input type="checkbox"/> <input type="checkbox"/> Personal</p> <p>N <input type="checkbox"/> <input type="checkbox"/> Pension</p> <p>O <input type="checkbox"/> <input type="checkbox"/> Insurance</p> <p>P <input type="checkbox"/> <input type="checkbox"/> Employment</p> <p>Q <input type="checkbox"/> <input type="checkbox"/> Other _____</p>	<p>R <input type="checkbox"/> <input type="checkbox"/> REAL PROPERTY</p> <p>S <input type="checkbox"/> <input type="checkbox"/> CIV RTS: Prisoner</p> <p>T <input type="checkbox"/> <input type="checkbox"/> CIV RTS: Other</p> <p>U <input type="checkbox"/> <input type="checkbox"/> Other _____</p> <p><b>EQUITY/Non-Damages Action</b></p> <p>V <input type="checkbox"/> <input type="checkbox"/> Domestic Relations</p> <p>W <input type="checkbox"/> <input type="checkbox"/> Declar. Judgment</p> <p>X <input type="checkbox"/> <input type="checkbox"/> Injunc. Commercial</p> <p>Y <input type="checkbox"/> <input type="checkbox"/> Injunc. Employment</p>	<p>Z <input type="checkbox"/> <input type="checkbox"/> Injunc. Other</p> <p>1 <input type="checkbox"/> <input type="checkbox"/> Extrord. Writ</p> <p>2 <input type="checkbox"/> <input type="checkbox"/> Other _____</p> <p><b>STATUTES/RULES</b></p> <p>3 <input type="checkbox"/> <input type="checkbox"/> Admin. Agency</p> <p>4 <input type="checkbox"/> <input type="checkbox"/> Term. Parental Rts.</p> <p>5 <input type="checkbox"/> <input type="checkbox"/> Workmen's Comp.</p> <p>6 <input type="checkbox"/> <input type="checkbox"/> Wrongful Death</p> <p>7 <input type="checkbox"/> <input type="checkbox"/> Other: _____</p>
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**IF THE CASE WENT TO TRIAL, HOW MANY DAYS DID THE TRIAL TAKE?**

**BRIEFLY SUMMARIZE THE ISSUE(S) ON APPEAL. THIS INFORMATION IS FOR CASE PROCESSING AND STATISTICAL PURPOSES ONLY.**

**WITHOUT ARGUMENT, BRIEFLY SUMMARIZE THE FACTS TO INFORM THE COURT OF THE NATURE OF THE CASE. THIS INFORMATION IS FOR CASE PROCESSING AND STATISTICAL PURPOSES ONLY.**

**SETTLEMENT CONFERENCE:** The court may require that this appeal be subject to a moderated settlement conference. Do you think the case on appeal would be appropriate for such a conference?  Yes  No

Explain: \_\_\_\_\_

**FILING DATE OF NOTICE OF APPEAL:** \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Attorney / Party Filing this Form \_\_\_\_\_