UNITED STATES COURT OF APPEALS
DISTRICT OF COLUMBIA CIRCUIT

333 Constitution Avenue, NW
Washington, DC 20001-2866
Phone: 202-216-7000 | Facsimile: 202-219-8530

CIVIL DOCKETING STATEMENT

All Cases Other than Administrative Agency Cases (To be completed by appellant)

1. CASE NO. _____ 2. DATE DOCKETED: _____

3. CASE NAME (lead parties only) _____ v. _____

4. TYPE OF CASE: ☐ District Ct - ☐ US Civil ☐ Private Civil ☐ Criminal ☐ Bankruptcy
☐ Bankruptcy - if direct from Bankruptcy Court ☐ Original proceeding

5. IS THIS CASE REQUIRED BY STATUTE TO BE EXPEDITED? ☐ Yes ☐ No
If YES, cite statute _____

6. CASE INFORMATION:

a. District Court Docket No.
Civil Action _____
Criminal _____
Miscellaneous _____

Bankruptcy Court Docket No.
Bankruptcy _____
Adversary _____
Ancillary _____

Tax Court Docket No.
Tax _____

b. Review is sought of:
☐ Final Order ☐ Interlocutory Order appealable as of right ☐ Interlocutory Order certified for appeal

c. Name of judge who entered order being appealed:
Judge _____ Magistrate Judge _____

d. Date of order(s) appealed (use date docked): _____ e. Date notice of appeal filed: _____

f. Has any other notice of appeal been filed in this case? ☐ Yes ☐ No If YES, date filed: _____

g. Are any motions currently pending in trial court? ☐ Yes ☐ No If YES, date filed: _____
If YES, identify motion _____

h. Has a transcript of proceedings been ordered pursuant to FRAP 10(b)? ☐ Yes ☐ No
If NO, why not? _____

i. Has this case been before the Court under another appeal number? ☐ Yes Appeal # _____ ☐ No

j. Are any cases involving the same underlying order or, to counsel's knowledge, involving *substantially the same issue,* currently pending before the District Court, this Court, another Circuit Court, or the Supreme Court?
☐ Yes ☐ No If YES, give each case's court and case name, and docket number:
_____

k. Does this case turn on validity or correct interpretation or application of a statute? ☐ Yes ☐ No
If YES, program name and participation dates _____

7. Have the parties attempted to resolve issues in this case through arbitration, mediation, or another alternative for dispute resolution? ☐ Yes ☐ No If so, provide program name and participation dates
_____

Signature _____ Date _____
Name of Party _____
Name of Counsel for Appellant/Petitioner _____
Address _____
Phone (____) _____ Fax (____) _____

ATTACH A CERTIFICATE OF SERVICE

Note: If counsel for any other party believes that the information submitted is inaccurate or incomplete, counsel may so advise the Clerk within 7 calendar days by letter, with copies to all other parties, specifically referring to the challenged statement. Attach a certificate of service to this form.