

**IN THE** \_\_\_\_\_

(Court or Agency From Which Appeal is Taken)

**CIVIL APPEAL DOCKETING STATEMENT**

(For use by the Appellate Conference Program)

**INTERNAL USE ONLY**

PLEASE TYPE OR PRINT. ATTACH ADDITIONAL PAGES IF NECESSARY.

TITLE:	Lower Court/Agency Docket Number:
	Is this a Cross-Appeal?      _____ Yes      _____ No
	Has this matter previously been before the Hawaii Appellate Courts?      _____ Yes      _____ No If yes, state when? Case Name:  SC Docket Number:

CHECK AS MANY AS APPLICABLE

JURISDICTION		LOWER COURT/AGENCY DISPOSITION		
1. LOWER COURT/ AGENCY	2. APPELLATE	1. STAGE OF PROCEEDINGS	2. TYPE OF JUDGMENT/ ORDER APPEALED	3. RELIEF
<input type="checkbox"/> Statutory  <input type="checkbox"/> Other Grounds (Specify)	<input type="checkbox"/> Final Decision of Lower Court/ Agency  <input type="checkbox"/> Interlocutory Decision  <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Pre-Trial  <input type="checkbox"/> During Trial  <input type="checkbox"/> After Trial	<input type="checkbox"/> Default Judgment  <input type="checkbox"/> Judgment/Court <b>Decision</b>  <input type="checkbox"/> Dismissal/Jurisdiction  <input type="checkbox"/> Judgment/Jury Verdict  <input type="checkbox"/> Dismissal/Merits  <input type="checkbox"/> Summary Judgment  <input type="checkbox"/> Judgment NOV  <input type="checkbox"/> Declaratory Judgment  <input type="checkbox"/> Directed Verdict  <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Damages: Amount Sought: \$ _____  Amount Granted \$ _____  <input type="checkbox"/> Injunctions: <input type="checkbox"/> Preliminary <input type="checkbox"/> Permanent <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Other (Specify)

BRIEF DESCRIPTION OF NATURE OF ACTION AND RESULT BELOW:

ANTICIPATED ISSUES PROPOSED TO BE RAISED ON APPEAL:

May the Mediator contact the trial judge to discuss this case?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

BASED ON YOUR PRESENT KNOWLEDGE:

1. Does this appeal involve a question of first impression or present a novel legal question?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Does this appeal involve a question of state or federal constitutional interpretation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Does this case raise a question of law regarding the validity of a state statute, county ordinance, or agency regulation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Does this case involve issues upon which there is an inconsistency in the decisions of the Intermediate Court of Appeals or the Supreme Court?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will the determination of this appeal turn on the interpretation or application of particular case or statute?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, provide:  
Case name/statute: \_\_\_\_\_  
Citation: \_\_\_\_\_  
Docket number, if unreported: \_\_\_\_\_

6. Is there any case now pending or about to be filed in this court or any other court or administrative agency which:  
a) Arises from substantially the same case or controversy as this appeal? \_\_\_\_\_ Yes \_\_\_\_\_ No  
b) Involves an issue that is substantially the same, similar or related to an issue in this appeal?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
Case name: \_\_\_\_\_  
Citation: \_\_\_\_\_ Court or agency: \_\_\_\_\_  
Docket Number, if unreported: \_\_\_\_\_

DOES THIS APPEAL INVOLVE ANY OF THE FOLLOWING:

- \_\_\_\_\_ Likelihood of a motion to expedite the appeal.
- \_\_\_\_\_ Multiple parties on either side for whom joint briefing is possible.
- \_\_\_\_\_ Likelihood of motions to intervene on appeal.
- \_\_\_\_\_ Likelihood of motions to file amicus briefs.
- \_\_\_\_\_ Likelihood of motions to stay appeal pending resolution of a related case. Identify case name, docket number, and court or agency: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ Other procedural complexities. If so, please identify them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COUNSEL FOR APPELLANT(S):

TRIAL COUNSEL FOR APPELLANT(S)  
(If different than Appeal Counsel)

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_

TELEPHONE: (     ) \_\_\_\_\_

I CERTIFY THAT A COPY OF THIS CIVIL APPEAL DOCKETING STATEMENT WAS SUBMITTED TO THE CLERK OF THE LOWER COURT/AGENCY AND THAT IT WAS SERVED ON EACH PARTY/COUNSEL SHOWN ON THE ATTACHED SERVICE LIST.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

REMEMBER TO ATTACH COPIES OF (1) THE ORDER/JUDGMENT APPEALED FROM, (2) ANY WRITTEN OPINION OR FINDINGS OF FACT AND CONCLUSIONS OF LAW SUPPORTING THE ORDER/JUDGMENT, AND (3) PROOF OF SERVICE ON ALL OTHER PARTIES TO THE PROCEEDINGS BELOW (WITH TELEPHONE NUMBERS)