

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)

APPELLANT'S ATTORNEY:			Telephone Number	
Email:				
Address	City	State	Zip Code	

APPELLEE'S ATTORNEY:			Telephone Number	
Email:				
Address	City	State	Zip Code	

TYPE OF APPEAL: Appeal Cross-Appeal

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

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

JURISDICTION (FINALITY): Date of entry of judgment appealed from: _____

Month Day Year

1. Is the judgment or order appealed from in compliance with Rule 58, Ala. 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), Ala. R. Civ. P.? Yes No
4. If judgment was entered pursuant to Rule 54(b), Ala. 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), Ala. 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, Ala. 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, Ala. 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>TORTS – Personal Injury</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>TORTS – Property Damage</p> <p>J <input type="checkbox"/> <input type="checkbox"/> Personality</p> <p>K <input type="checkbox"/> <input type="checkbox"/> Realty</p> <p>CONTRACTS</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>EQUITY/Non-Damages Action</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>STATUTES/RULES</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: _____

Date of Filing of the Notice of Appeal: _____

Date _____ Signature of Attorney / Party Filing this Form _____

Certificate of Service

I certify I have this date filed electronically with the clerk of the trial court the foregoing docketing statement through the trial court electronic-filing system or that I have this date hand-filed the original and _____ (number) copies of the foregoing docketing statement. A true or electronic copy of the docketing statement will be served by the clerk of the trial court or by the trial court's electronic-filing system on each of the following: (1) the clerk of the appellate court; (2) the court reporter; and (3) attorney for each appellee or the appellee if no attorney as follows (provide names and addresses): _____

I further certify pursuant to Rules 3(d), 25(d), and 57(h)(5), Ala. R. App. P, that I have this date served a copy of this Notice of Appeal on each party to the proceedings in the trial court in the manner indicated below (attach additional pages if necessary):

Name of Party	Method of Service (US Mail, AlaFile, etc.)	Service Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If electronic service is selected, the e-mail address at which service was made via AlaFile must be listed as the service address.

(Signature of Appellant or Attorney for Appellant) _____ Date: _____, 20_____.
 (Printed Name)