

**UNITED STATES COURT OF APPEALS  
FOR THE ELEVENTH CIRCUIT  
CIVIL APPEAL STATEMENT**

Please TYPE. Attach additional pages if necessary.

11th Circuit Docket Number: \_\_\_\_\_

Caption: _____	District and Division: _____ Name of Judge: _____ Nature of Suit: _____ <hr/> Date Complaint Filed: _____ District Court Docket Number: _____ <hr/> Date Notice of Appeal Filed: _____ <input type="checkbox"/> Cross Appeal <input type="checkbox"/> Class Action <hr/> Has this matter previously been before this court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide (a) Caption: _____ (b) Citation: _____ (c) Docket Number: _____
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	Attorney Name	Mailing Address	Telephone, Fax, Email
For Appellant: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (Specify)			
For Appellee: <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant <input type="checkbox"/> Other (Specify)			

Please CIRCLE/CHECK/COMPLETE the items below and on page 2 that apply.

Jurisdiction	Nature of Judgment	Type of Order	Relief
<input type="checkbox"/> Federal Question <input type="checkbox"/> Diversity <input type="checkbox"/> US Plaintiff <input type="checkbox"/> US Defendant	<input type="checkbox"/> Final Judgment, 28 USC 1291 <input type="checkbox"/> Interlocutory Order, 28 USC 1292(a)(1) <input type="checkbox"/> Interlocutory Order Certified, 28 USC 1292(b) <input type="checkbox"/> Interlocutory Order, Qualified Immunity <input type="checkbox"/> Final Agency Action (Review) <input type="checkbox"/> 54(b)	<input type="checkbox"/> Dismissal/Jurisdiction <input type="checkbox"/> Default Judgment <input type="checkbox"/> Summary Judgment <input type="checkbox"/> Judgment/Bench Trial <input type="checkbox"/> Judgment/Jury Verdict <input type="checkbox"/> Judgment/Directed Verdict/NOV <input type="checkbox"/> Injunction <input type="checkbox"/> Other _____	Amount Sought by Plaintiff: \$ _____  Amount Sought by Defendant: \$ _____  Awarded: \$ _____ to _____  Injunctions: <input type="checkbox"/> TRO <input type="checkbox"/> Preliminary <input type="checkbox"/> Granted <input type="checkbox"/> Permanent <input type="checkbox"/> Denied

Based on your present knowledge:

(1) Does this appeal involve a question of First Impression?  Yes  No  
What is the issue you claim is one of First Impression? \_\_\_\_\_

(2) Will the determination of this appeal turn on the interpretation or application of a particular case or statute?  Yes  No

If Yes, provide

(a) Case Name/Statute \_\_\_\_\_

(b) Citation \_\_\_\_\_

(c) Docket Number if unreported \_\_\_\_\_

(3) Is there any case now pending or about to be brought before this court or any other court or administrative agency that

(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

If Yes, provide

(a) Case Name \_\_\_\_\_

(b) Citation \_\_\_\_\_

(c) Docket Number if unreported \_\_\_\_\_

(d) Court or Agency \_\_\_\_\_

(4) Will this appeal involve a conflict of law

(a) Within the Eleventh Circuit?  Yes  No

(b) Among circuits?  Yes  No

If Yes, explain briefly:

(5) Issues proposed to be raised on appeal, including jurisdictional challenges:

I CERTIFY THAT I SERVED THIS CIVIL APPEAL STATEMENT ON THE CLERK OF THE U.S. COURT OF APPEALS FOR THE ELEVENTH CIRCUIT AND

SERVED A COPY ON EACH PARTY OR THEIR COUNSEL OF RECORD, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NAME OF COUNSEL (Print)

\_\_\_\_\_  
SIGNATURE OF COUNSEL