

Hamilton County Juvenile Court, Ohio

www.juvenile-court.org

NOTICE OF APPEAL

No Fee required also, must be filed within thirty (30) days of the Judge's Judicial entry date

Documents required: See next form

Case Number _____ place in the upper right-hand corner of each page

For Custody, Visitation or Delinquency Cases
Upper left-hand corner list the CHILD(REN) name(s)

For Paternity & Support Cases
list the Plaintiff – vs – Defendant
Example: Jane Doe John Doe
 - vs - - vs -
 John Doe Jane Doe

Instructions for Written Request for Service

Step 1 - Case Number _____ place in upper right-hand corner

Step 2 - **For Custody, Visitation, or Delinquency Cases**
 upper left-hand corner list the Child(ren) names
For Paternity or Support Cases
 upper left-hand corner list PLAINTIFF – vs – DEFENDANT
Example: Jane Doe John Doe
 - vs - - vs -
 John Doe Jane Doe

Step 3 - Case Type – Custody, Shared Parenting, Visitation, Support, Delinquency etc..

Step 4 - Type of Form- please select one below for each address listed (for APPEALS usually its SUMMONS and/or NOTICE)
summons- a party in the case) parties are usually mother, father, and (if any) legal or physical custodian
(Notice- attorneys or parties-parties are usually any social service worker)
(Subpoena- nonparties as witnesses at TRIAL ONLY)

Step 5 - Type of Service – Regular Mail ONLY

Step 6 - Name and Address and Zip Code
Neatly list the complete information for each party to be notified (include inmate # if incarcerated)
DO NOT INCLUDE YOURSELF IF DONE IN PERSON, THE COURT OF APPEALS WILL NOTIFY YOU FROM THE INFORMATION YOU WILL PROVIDED BELOW

Step 7 - Requested by **PRINT NEATLY** your complete name, address, zip code, telephone number, and E-mail Address

The Written Request for Service is attached with accurate name and address information for all parties involved in this action and/or an affidavit for Service by Publication is attached for each party that an accurate address could not be identified by diligent and reasonable effort and research.

Deputy Clerks are available to assist with filing questions and accept your filing however they are not attorneys and cannot provide answers to legal questions or act as your legal representative. If any questions, you may speak to a Deputy Clerk at the Issue Desk or call 513-946-9431.

FORMS NEEDED TO BEGIN AN APPEAL (Civil Cases)

Required Forms

_____ Notice of Appeal (Form 3.1NCV)

An appeal begins by filing a notice of appeal with the clerk of the trial court within the time allowed by Appellate Rule 4 (usually 30 days). For information as to *where* to file the notice of appeal, review Chart 1. **This is a required form.**

_____ Docket Statement (Form 3.1DCV)

The purpose of the docket statement is to assist the Court in issuing a scheduling order. It must be completely filled out. The failure to file a completed docket statement may result in the dismissal of the appeal. You must serve a copy of this document on the opposing party. **This is a required form.**

Optional Form

_____ Civil Fee Waiver Affidavit (Form 20)

If you are indigent and unable to pay the deposit on court costs when filing an appeal, you may complete this affidavit. This form must be notarized.

HAMILTON COUNTY, OHIO

STATE OF OHIO

Appeal Case No. _____

Plaintiff

Trial Case No. _____

NOTICE OF APPEAL

-vs-

Defendant

Now comes the Appellant, _____ and hereby gives
notice of appeal to the First District Court of Appeals from the final judgement entry from the
_____, entered in on _____.

(First and Last Name)

(Address)

(City, State, Zip Code)

(Email Address and Telephone No.)

Signature

CERTIFICATE OF SERVICE

I certify that a copy of this notice of appeal was served upon _____
on _____ in the following manner: _____.

Signature

HAMILTON COUNTY JUVENILE COURT, OHIO

- WRITTEN REQUEST FOR SERVICE(Civil)
- PRAECIPE (Delinquent/Criminal)

Support/Paternity list *Plaintiff v Defendant*
Custody/Visitation/Delinquent list *child(ren)*

_____ CASE NUMBER _____

Case Type: _____ Charges: _____
Civil Delinquent/Criminal Delinquent/Criminal

A hearing is scheduled on _____ the _____ 20_____, at _____ : _____ AM / PM.
month date year time

Judge / Magistrate: _____ Case Manager: _____

Type of Form: (Summons) (Subpoena) or (Notice) (List one selection for each address listed below.)
Parties Witnesses Attorney/Parties

Type of Mail Service: (Regular) (Certified) (Personal) (Residential) or (Publication) (List one selection for each address listed below.)
Usual

1. _____ Service _____ Name _____
Form Address Zip
2. _____ Service _____ Name _____
Form Address Zip
3. _____ Service _____ Name _____
Form Address Zip
4. _____ Service _____ Name _____
Form Address Zip
5. _____ Service _____ Name _____
Form Address Zip

If I have requested certified mail service, and the service is returned by the U.S. Post Office as Refused or Unclaimed, I request ordinary mail service in accordance with Civ.R. 4.6(C), (D), and (E).

Requested by: _____ Phone: () _____

Address: _____ City State Zip

E-mail: _____

**FIRST DISTRICT COURT OF APPEALS
CIVIL DOCKET STATEMENT**

Notice: Pursuant to Loc.R. 3.1(A)(2)(C), failure to file a completed docket statement may result in the dismissal of the appeal.

<p>Name of Trial Court: _____</p> <p>Caption:</p> <p style="text-align: center;">_____ Plaintiff-Appellant <u>or</u> Appellee</p> <p style="text-align: center;">vs.</p> <p style="text-align: center;">_____ Defendant-Appellant <u>or</u> Appellee</p>	<p>Appeal No. _____</p> <p>Trial No. _____</p> <p>Trial Judge _____</p> <p>Date of Judgment Appealed _____</p> <p>Notice of appeal was filed in compliance with: ___ App.R. 4(A) (within 30 days); or ___ App.R. 4(B) (time extended); or</p> <p>Related or Prior Appeals _____</p> <p>_____</p>
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General

Have you attached to, the notice of appeal, a copy of the final judgment being appealed? Yes No

Is this an appeal from an adoption or a termination of parental rights case? Yes No

Specify the type of action in the trial court (e.g., administrative appeal, contract, declaratory judgment, personal injury, custody dispute, will contest, etc.): _____

Probable issues for review: _____

Is the order appealed from a final appealable order:

Did the judgment dispose of all claims by and against all parties? Yes No

If not, is there a determination that there is "no just reason for delay" per Civ. R. 54(B)?
Yes No

If you are appealing an interlocutory order, please specify what authority (e.g., specific provision under R.C. 2505.02, other statute, or case law) that gives this court jurisdiction to hear the appeal: _____

Is this an appeal from a judgment ruling on an objection to a magistrate's decision?
Yes No

Parties

Please provide the following information for **all** parties to the proceedings in the trial court.

A party who files a notice of appeal is an appellant. A party who would be adversely affected if the judgment below is reversed should be designated as an appellee. All other parties to the action below should retain their trial court designation (plaintiff, defendant, third-party plaintiff, third-party defendant, petitioner, respondent, etc).

If a party was not represented by counsel in the proceedings below, please provide the address and phone number of the party. If there are additional parties and/or attorneys, please copy this page, complete the information for the additional parties, and attach it to this statement.

<p>Party's name _____</p> <p>Party's designation _____</p> <p>Attorney's name _____</p> <p>Attorney's registration number _____</p> <p>Address of counsel or party _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Party's name _____</p> <p>Party's designation _____</p> <p>Attorney's name _____</p> <p>Attorney's registration number _____</p> <p>Address of counsel or party _____</p> <p>_____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p>
<p>Party's name _____</p> <p>Party's designation _____</p> <p>Attorney's name _____</p> <p>Attorney's registration number _____</p> <p>Address of counsel or party _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>	<p>Party's name _____</p> <p>Party's designation _____</p> <p>Attorney's name _____</p> <p>Attorney's registration number _____</p> <p>Address of counsel or party _____</p> <p>_____</p> <p>Phone _____</p> <p>Email _____</p>

Record

Will there be a transcript of proceedings filed? Yes No

If yes, will the transcript be (check one and attach a copy of the transcript order form):

- Complete transcript of proceedings [App.R. 9(B)]
- Partial transcript of proceedings [App.R. 9B]

***If either box above is checked, please have the court reporter complete *Court Reporter's Certification* below and comply with Loc. R. 9(B)(1).**

If no, please select **one** of the following:

- Statement under App.R. 9(C) will be filed
- Agreed Statement pursuant to App.R 9(D) will be filed
- No transcript of proceedings, no App.R. 9(C) Statement, no App.R. 9(D) Agreed Statement will be filed

*Choosing any of the above will be deemed sufficient compliance with App.R. 9(C) and Loc.R.9(A).

COURT REPORTER'S CERTIFICATION (to be signed by the court reporter)

The Court Reporter will complete and file the requested transcript of proceedings within 40 days of the filing of the notice of appeal (20 days if on the accelerated calendar)

- Yes
- No

If No, please explain why the transcript of proceedings will not be ready for filing within 40 days from the notice of appeal (or 20 days for the accelerated calendar)

Estimated Date of Filing: _____

Signature of Court Reporter: _____ Date: _____

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Calendar Designation

Please choose the appropriate calendar designation for this case.

Regular Calendar: Pursuant to Loc.R. 11.1(A), all appeals are placed on the regular calendar by default.

Accelerated Calendar: Do you wish instead to have your appeal assigned to the accelerated calendar?

- Yes
- No

If Yes, please identify the applicable factor(s) under Loc.R. 11.1(B) which supports the assignment of the case on the accelerated calendar: _____

Expedited Calendar: Must this case be expedited as being one of the following types of cases?

Yes No

- Abortion-Bypass appeal from juvenile court (App.R. 11.2(B))
- Adoption or parental rights appeal (App.R. 11.2(C))
- Dependent, Abused, Neglected, and Unruly Child appeal (App.R. 11.2(D))
- Election contests as provided in R.C. 3515.08

Mediation

How would you characterize the extent of your settlement discussions before judgment (choose one)?

None Minimal Moderate Extensive

Have settlement discussions taken place since the judgment appealed from was entered? Yes No

Would a mediation conference assist in the resolution of this matter (choose one)? Yes No

Certificate of Service

I certify that a copy of this docket statement was served upon _____ on

___/___/20__ by the following method:_____.

Signature