

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 (Criminal Cases)

Required Forms

_____ **Notice of Appeal (Form 3.1NCR)**

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 3.1DCR)**

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 Forms

_____ **Affidavit of Indigency (Form 3.1)**

If you are unable to pay for an appeal and can prove this fact (or were found to be indigent by the trial court), you may file this form. It must be notarized.

_____ **Motion to Appoint Counsel (Form 3.4)**

You may fill out this form if you are indigent and unable to employ counsel. You must serve a copy of this motion on the prosecutor's office.

_____ **Motion to Prepare Transcripts of Proceedings at State's Expense (Form 9)**

This form is to be used if you are indigent and unable to pay the costs of the preparation of transcripts. There is a right to transcripts at State's expenses only in certain cases.

_____ **Motion for Delayed Appeal (Form 5)**

This form is to be used only if you are past your 30 day time limit to file your notice of appeal. You must serve a copy on the prosecutor's office.

HAMILTON COUNTY, OHIO

STATE OF OHIO

Plaintiff

Appeal Case No. _____

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. _____
Form Service Name
Address Zip

2. _____
Form Service Name
Address Zip

3. _____
Form Service Name
Address Zip

4. _____
Form Service Name
Address Zip

5. _____
Form Service Name
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
CRIMINAL 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;">_____</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 _____ App.R. 5 (delayed appeal)</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 a juvenile delinquency proceeding? Yes No

Is this an appeal from a ruling on a post-conviction petition? Yes No

If direct appeal, does the sentencing order contain the following four requirements: Yes No

1. Fact of conviction for each count;
2. Separate sentence for each count;
3. Signature of trial court judge; and
4. File stamp of the clerk of court?

Specify the type of action in the trial court: Traffic Misdemeanor Felony

Resolution Type: Trial Plea

Probable issues for review: _____

Type of Appeal: _____ Defendant's appeal as of right _____ State's appeal as of right
_____ Defendant's appeal by leave of Court _____ State's appeal by leave of Court

Parties

Party's name _____	Party's name _____
Party's designation _____	Party's designation _____
Attorney's name _____	Attorney's name _____
Attorney's registration number _____	Attorney's registration number _____
Address of counsel or party _____ _____	Address of counsel or party _____ _____
Phone _____	Phone _____
Email _____	Email _____

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 or 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 (must 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: _____

Calendar Designation

Please choose the appropriate calendar designation for this case.

Regular Calendar: Pursuant to Loc.R. 11.1(A), all appeals proceed by default on the regular calendar unless the Court places an appeal on the accelerated calendar or the appellant requests the accelerated calendar.

Accelerated Calendar Do you wish 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

- Prosecutorial Appeals under Crim.R. 12(K) and Juv.R. 22 (App.R. 11.2(D))
- Appeals Concerning Delinquent Children (App.R. 11.2(D))
- Denial of bail bond (R.C. 2937.222(D))

Certificate of Service

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

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

Signature