

**IN THE DISTRICT COURT OF APPEAL OF THE STATE OF FLORIDA  
FOURTH DISTRICT**

**DOCKETING STATEMENT  
AND NOTICE OF APPEARANCE OF COUNSEL**  
(Revised as of December 2009)

The Court requires the following information in order to facilitate disposition of the case.

**APPELLANT/PETITIONER:** If this case involves an original writ, is an appeal of a non-final order or is a case involving child custody, this docketing statement must be completed and returned within **five days**. In all other cases, the **appellant** must file the docketing statement within **20 days** from the date of the acknowledgment of the notice of appeal.

**APPELLEE/RESPONDENT:** Is not required to file a docketing statement unless there are amendments, corrections or additions to the docketing statement filed by the appellant/petitioner. Appellee/respondent is only required to file a notice of appearance if counsel's name does not already appear on the certificate of service. Appellee's/respondent's docketing statement, if necessary, is due within **5 days** from service of the appellant's/petitioner's docketing statement.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**DOCKETING STATEMENT OF: (CHECK ONE) APPELLANT/PETITIONER  
APPELLEE/RESPONDENT**

**1. STYLE OF CASE**

DCA CASE  
NUMBER

LOWER COURT  
CASE NUMBER

**2a. NOTICE OF APPEARANCE OF COUNSEL FOR APPELLANT** (If party is not represented by counsel, party should so indicate and provide accurate mailing address and phone number).

Name \_\_\_\_\_ Bar Number \_\_\_\_\_

Address \_\_\_\_\_

Attorney For \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**2b. APPELLEE'S TRIAL COUNSEL AND/OR APPELLATE COUNSEL (IF KNOWN)**

Name \_\_\_\_\_ Bar Number \_\_\_\_\_

Address \_\_\_\_\_

Attorney For \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**3. INTERESTED PERSONS:** List names of all persons or entities having an interest in this matter. Please clarify whether these persons or entities are parties, lawyers or otherwise, and as to parties, designate whether appellant or appellee.

**4. JUDGES BELOW:** List the name of all judges, deputy commissioners and hearing officers/examiners who were involved in this action below. Specify the judge who entered the order appealed.

**5. JURISDICTION:** State the basis for this court's jurisdiction, including the following: (1) the appellate rule providing jurisdiction claimed \_\_\_\_\_ ; (2) the date of filing in the lower tribunal of the order appealed \_\_\_\_\_ ; (3) if this is an appeal from a final order, the date of the return of verdict in a jury action \_\_\_\_\_, the service date of any Fla. R. Civ. P. 1.530 motion \_\_\_\_\_ , and the date of entry of the order deciding such motion \_\_\_\_\_

**6. PENDING MATTERS IN LOWER TRIBUNAL:** Are there any matters, including counts of claims or counterclaims, still pending in the lower tribunal? If yes, please explain exactly what remains pending.

**7. CURRENT AND PRIOR PROCEEDINGS IN THIS COURT:**

List by style and case number of this court, all cases which are or have been pending before this court involving issues arising from the same lower tribunal case and the current status of same:

Criminal appeals: List by style and case number of this court all co-defendants currently or previously on appeal to this court.

Similar Issues: List by style and case number of this court, all cases which are or have been pending before this court which are related to this action or which involve an issue which will be similar or determinative to the issue in this case on appeal.

If you become aware of appeals filed subsequent to the submission of this docketing statement involving a co-defendant in a criminal case, the same controversy or parties, or substantial similar issues, please file an amended response to this question.

**8. Court Transcript:**

Do you intend to order any portion of the transcript for the appeal? Yes No

If yes, have all arrangements been made for its preparation? Yes No

If yes, date ordered \_\_\_\_\_

If no, why not? \_\_\_\_\_

Estimated date of completion: \_\_\_\_\_

Estimated number of pages: \_\_\_\_\_

Name and address of court reporter(s): \_\_\_\_\_

**9. CUSTODY STATUS IN CRIMINAL APPEALS:** Is the appellant in custody and serving a sentence imposed as a result of a conviction which is the subject of this appeal? \_\_\_\_\_

If so, state the length of the sentence imposed. \_\_\_\_\_

**10. ISSUES:**

If this case involves the determination of the constitutionality of a statute, cite the statute involved.

\_\_\_\_\_

Please state in short form the anticipated issues raised. For example, on criminal issues: denial of motion for judgment of acquittal, denial of motion to suppress evidence, error in sentence; on civil issues, award of alimony, error in valuation of assets for equitable distribution, error in determining contract damages; error in admission of hearsay at trial.

**11. TYPE OF CASE:** PLACE A CHECK BY THE MOST APPROPRIATE TYPE OF CASE:

A. Civil

\_\_\_\_\_ 1. Domestic Relations - divorce, child custody, paternity or support

\_\_\_\_\_ 2. Child dependency

\_\_\_\_\_ 3. Adoption/Termination of Parental Rights

\_\_\_\_\_ 4. Professional Malpractice

\_\_\_\_\_ 5. Products Liability

\_\_\_\_\_ 6. Negligence

\_\_\_\_\_ 7. Contract or Indebtedness

\_\_\_\_\_ 8. Condominium - rules violations, developer suits

\_\_\_\_\_ 9. Foreclosure - mortgage, lien

\_\_\_\_\_ 10. Inmate Appeal - gain time, rule challenges, disciplinary action

\_\_\_\_\_ 11. Attorney's Fees

\_\_\_\_\_ 12. All others - specify \_\_\_\_\_

B. Criminal

- \_\_\_\_\_ 1. Direct Appeal - judgment and sentence
- \_\_\_\_\_ 2. Direct Appeal - sentence only
- \_\_\_\_\_ 3. Direct Appeal - juvenile
- \_\_\_\_\_ 4. Collateral Attack - (Rule 3.850 or habeas corpus) - judgment and sentence
- \_\_\_\_\_ 5. Collateral Attack - (Rule 3.800, Rule 3.850 or habeas corpus) - sentence only
- \_\_\_\_\_ 6. Collateral Attack - juvenile
- \_\_\_\_\_ 7. Appeal by the State
- \_\_\_\_\_ 8. All Others - specify \_\_\_\_\_

C. Administrative

- \_\_\_\_\_ 1. Department of Professional Regulation
- \_\_\_\_\_ 2. Unemployment Appeals Commission
- \_\_\_\_\_ 3. Rule Challenge - specify agency \_\_\_\_\_
- \_\_\_\_\_ 4. All others - specify \_\_\_\_\_

**Certificate of Service**

I certify that a copy hereof has been furnished by \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_, to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)