Sample Forms and Instructions

A – Notice of Appeal
B – Notice of Entry of Judgment
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Sample Form A

NOTICE OF APPEAL - INSTRUCTIONS

In order to appeal you must be "aggrieved". To be "aggrieved" the lower court or administrative agency must have entered a judgment or order that affects your legal rights or costs you money. Usually you must have been a party in the case in the lower court. You may not appeal on behalf of a spouse, child or other relative (unless you are a legally appointed guardian), or a friend. The notice of appeal is filed in the superior court and should be accompanied by a check, money order or cash of $655.00 which is the filing fee. Checks or money orders should be made payable to "Clerk, Court of Appeal". A second check or money order for $100.00 made payable to "Clerk of the Superior Court" is a deposit for the clerk's transcript. This second check need not be included if you, as appellant, plan to prepare an appendix under rule 5.1. If you do not have the money for the filing fee, an application for waiver of court fees and costs must accompany the notice of appeal. (See Sample Form D, for Application for Waiver of Court Fees and Costs.)

The Notice of Appeal form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-002.

Filling out the Notice of Appeal form:

Caption

(1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(2) In the "Superior Court of California, County of" area of the form, specify the county, address, and branch name of the superior court that made the order or judgment you are appealing.

(3) In the next box on the form marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the superior court case caption.

(4) Check the appropriate box for "Notice of Appeal" or "Notice of Cross-Appeal."

(5) In the "CASE NUMBER:" box immediately to the right, write the superior court case number.

Page 1

Entry 1. State the date of the judgment or order you are appealing and check the appropriate box to describe the order or judgment. If it is not listed, check the "Other" box, describe the order you are appealing, and specify the code section that authorizes the appeal.

Entry 2. Provide the requested information only if you are filing a cross-appeal.

Sample Form A

Execution of Form. Write the date you are signing the Notice of Appeal, type or print your name legibly on the line at the bottom left of the page, and sign your name at the bottom right.

Page 2 - Proof of Service

Have someone over the age of 18 who is not a party to the action serve the Notice of Appeal and fill out the Proof of Service on page 2 of the form. See instructions accompanying Sample Form C.

File:	Original plus fees in Superior Court Bring an extra copy to be file-stamped for your file
Serve:	All counsel All self-represented parties

Sample Form A

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
☐ **NOTICE OF APPEAL** ☐ **CROSS-APPEAL** **(UNLIMITED CIVIL CASE)**	CASE NUMBER:

Notice: Please read *Information on Appeal Procedures for Unlimited Civil Cases* (Judicial Council form APP-001) before completing this form. This form must be filed in the superior court, not in the Court of Appeal.

1. NOTICE IS HEREBY GIVEN that *(name)*:
   appeals from the following judgment or order in this case, which was entered on *(date)*:
   - ☐ Judgment after jury trial
   - ☐ Judgment after court trial
   - ☐ Default judgment
   - ☐ Judgment after an order granting a summary judgment motion
   - ☐ Judgment of dismissal under Code of Civil Procedure sections 581d, 583.250, 583.360, or 583.430
   - ☐ Judgment of dismissal after an order sustaining a demurrer
   - ☐ An order after judgment under Code of Civil Procedure section 904.1(a)(2)
   - ☐ An order of judgment under Code of Civil Procedure section 904.1(a)(3)–(13)
   - ☐ Other *(describe and specify code section that authorizes this appeal)*:

2. For cross-appeals only:
   a. Date notice of appeal was filed in original appeal:
   b. Date superior court clerk mailed notice of original appeal:
   c. Court of Appeal case number *(if known)*:

Date:

_____ ▶ _____
(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

Form Approved for Optional Use
Judicial Council of California
APP-002 [New January 1, 2004]

Cal. Rules of Court, rule 1
www.courtinfo.ca.gov

CASE NAME:	**Sample Form A**	CASE NUMBER:

NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

☐ **Mail** ☐ **Personal Service**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My residence or business address is *(specify):*

3. I mailed or personally delivered a copy of the *Notice of Appeal/Cross-Appeal (Unlimited Civil Case)* as follows *(complete either a or b):*

   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope **and**

         (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

      (2) The envelope was addressed and mailed as follows:

         (a) Name of person served:

         (b) Address on envelope:

         (c) Date of mailing:

         (d) Place of mailing *(city and state):*

   b. ☐ **Personal delivery.** I personally delivered a copy as follows:

      (1) Name of person served:

      (2) Address where delivered:

      (3) Date delivered:

      (4) Time delivered*:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Sample Form B

NOTICE OF ENTRY OF JUDGMENT

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF [Name of County]

[Name of Plaintiff from Superior Court case title], Plaintiff, v. [Name of Defendant from Superior Court case title], Defendant.	Superior Court No. [Number from Superior Court case] NOTICE OF ENTRY OF JUDGMENT

On [date judgment filed in superior court], judgment was entered on behalf of [name of prevailing party from the Superior Court action]. Attached hereto is a true and accurate copy of that judgment.

DATED:

By:_____

Note: Attach a copy of judgment or order and Proof of Service

File: Original in Superior Court with Proof of Service.

Serve: All counsel
All self-represented parties

The above form is a sample only, the actual document must comply with CRC rule 201(d)(1).

Sample Form C

PROOF OF SERVICE BY MAIL
INSTRUCTIONS FOR SUPERIOR COURT
OR COURT OF APPEAL

Each document you prepare must be served on all counsel and self-represented parties in your case. The document must be served by mail or hand-delivered by someone who is over the age of 18, not a party to the appeal, and a resident of the county where the mailing or delivery occurred.

This sample form is for service by mail, which is the easiest and most common method of service. If you wish to have the document delivered in person instead of mailed, you may adapt this sample form by replacing line 3 with language indicating the name of the person(s) to whom the document was delivered, the date and time of delivery, and the address where the delivery occurred. (For sample language for a hand-delivery, see page 4, line 3b of Sample Form F.)

All documents must be served on all attorneys of record and any self-represented parties. **If the document is a brief, you must also serve one copy on the Superior Court and five copies on the California Supreme Court. If the document is a brief or petition, you must serve one copy on any public officer or agency required to be served by CRC rule 44.5.**

How to serve a document:

Make a copy of your document for each person or entity you must serve and enough copies for filing with the Court of Appeal. The person doing the mailing must complete the Proof of Service and attach an unsigned copy to each copy of the document being served. The person doing the service should mail a copy of the document to each person listed in the Proof of Service by depositing it in the United States mail with postage fully prepaid. The envelopes may be deposited in a United States post office or mailbox. The original document cannot be filed with the court until service has been completed by mailing the copies. After the envelopes have been deposited into the mail, the original Proof of Service should be signed and attached to the original document for filing.

Filling out the Proof of Service form:

Fill out the case name, Court of Appeal case number, and Superior Court case number. If you are filing the document in the Superior Court, use the Superior Court case name. If you are filing in the Court of Appeal, use the Court of Appeal case name.

Fill out the name of the non-party over the age of 18 who will be doing the mailing.

On line 2, specify the residential or business address of the person doing the mailing, and check the appropriate line for residence or business.

On line 3, specify the date of the mailing, the name of the document being served (for example, "Appellant's Opening Brief"), and the place where the mailing took place. List the full names and addresses of all the parties or their attorneys to whom the documents are being mailed. If the

Sample Form C

document is a brief, you must also serve the Superior Court, the California Supreme Court (4 copies). If the document is a brief or petition, you must serve any public officer or agency who must be served under CRC rule 44.5. These addresses must also be listed on the Proof of Service.

Date the Proof of Service, type or print the name of the person doing the mailing, and include the signature of the person doing the mailing.

An original Proof of Service must be attached to every original document filed with the court. A copy of the Proof of Service must be attached to every document served on all counsel and self-represented parties.

Sample Form C

PROOF OF SERVICE BY MAIL

CASE NAME: _____
COURT OF APPEAL CASE NUMBER: _____
SUPERIOR COURT CASE NUMBER: _____

I, _____ *(specify name of person doing service)*, declare as follows:

1. At the time of service, I was at least 18 years of age and not a party to this legal action. I am a resident or employed in the county where the within-mentioned service occurred.

2. My residence or business address is *(specify)*:

_____
_____
_____ ___ residence ___ business

3. On _____ *(specify date)*, I served the _____ *(specify document)* by United States mail as follows: I enclosed a copy in separate envelopes, with postage fully prepaid, addressed to each individual addressee named below, and I deposited each sealed envelope with the United States Postal Service in _____, California, for delivery as follows:

_____
_____
_____
(List addresses and send 1 copy to each party)

California Supreme Court
350 McAllister Street
San Francisco, CA 94102
(5 copies of briefs only)

_____ Superior Court
_____
_____
(List address of Superior Court and serve 1 copy of briefs only)

_____
_____
_____
(List address of any public officer or agency required to be served by CRC rule 44.5 and serve 1 copy of briefs only)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

_____ _____
(TYPE OR PRINT NAME) *(SIGNATURE OF DECLARANT)*

Sample Form D

APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

When you file your notice of appeal, there is a filing fee of $655.00 which is due at the time of filing. A deposit of $100.00 needs to be paid to the Superior Court if you want it to prepare a clerk's transcript for you. If you feel you cannot afford these fees, you may fill out an Application for Waiver of Court Fees and Costs. Generally, you would file the application in the Superior Court when you file your notice of appeal. If you did not file the application in Superior Court you may file it in the Court of Appeal. Submit the application to the court along with the Order on Application for Waiver of Court Fees and Costs (Sample Form E).

The Application for Waiver of Court Fees and Costs form and the Information Sheet on Waiver of Court Fees and Costs are available online in Adobe Acrobat PDF format and the form may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "General Legal" forms, then click on Form 982(a)(17) for the form or Form 982(a)(17)(A) for the information sheet.

Filling out the Application for Waiver of Court Fees and Costs form:

Caption

(1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(2) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.

(3) In the "CASE NUMBER:" next box on the form marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the Superior Court case caption.

(4) In the box immediately to the right of the preprinted caption "APPLICATION FOR WAIVER OF COURT FEES AND COSTS", write the Superior Court case number for your case, and the Court of Appeal number if you have one.

Entries

Entry 1. Check box "a" if you can't pay any of the court fees or costs. Check box "b" if you can pay part of the court fees or costs, and then write down what you can pay.

Entry 2. Write your street address, city, state, zip code and telephone number where you can be reached during the day.

Entry 3. Write your occupation, employer and employer's address. If you do not have a job, write "unemployed". If you have a spouse and your spouse has a job, write your spouse's occupation, employer and employer's address. If your spouse does not have a job, write "unemployed".

Sample Form D

Entry 4. Check the box if you are receiving financial assistance, then check the box or boxes next to the type of assistance you are receiving.

Entry 5. If you checked box 4 you have to fill out one of three boxes in entry 5. Check only one box. If you check box "a" you must write your Medi-Cal number. If you check box "b" you must write your Social Security number and your birth date. If you check box "c" you need to attach verification documents which are listed on the Information Sheet on Waiver of Court Fees and Costs. After you have checked one of these boxes, you are done. Go to the bottom of the form and date and sign it, you do not need to fill out anything else.

Entry 6. If you did not check box 4, you must complete entry 6. Check the box next to question 6 if your gross monthly income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs accompanying the form. If you check this box, skip entry 7, fill out entries 8, 9a, 9d, 9f, and 9g on page two of the form, then date the form and fill out your name and signature on the bottom of page one.

Entry 7. If you did not check box 4 or box 6, you must complete entry 7. Check this box if your income is not enough to pay for the common necessaries of life for yourself and your family and still pay court fees and costs. If you check this box, you have to complete page two of the form in its entirety, then date and sign the bottom.

At the bottom of page 1, write the current date, type or print your name legibly, and sign the form.

Sample Form D

INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS
(California Rules of Court, rule 985)

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:
   - SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
   - CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
   - The Food Stamp Program
   - County Relief, General Relief (G.R.), or General Assistance (G.A.)

   If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action *or* Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

–OR –

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	$ 969.79
2	1,301.04
3	1,632.29
4	1,963.54
5	2,294.79

NUMBER IN FAMILY	FAMILY INCOME
6	$ 2,626.04
7	2,957.29
8	3,288.54
Each additional	331.25

–OR–

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the* Application for Waiver of Court Fees and Costs *(Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

American LegalNet, Inc.
www.USCourtForms.com

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: **Sample Form D** TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER:

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am ***not*** able to pay any of the court fees and costs.
   b. ☐ I am able to pay ***only*** the following court fees and costs *(specify)*:

2. My current street or mailing address is *(if applicable, include city or town, apartment no., if any, and zip code)*:

3. a. My occupation, employer, and employer's address are *(specify)*:

   b. My spouse's occupation, employer, and employer's address are *(specify)*:

4. ☐ I am receiving financial assistance under one or more of the following programs:
   a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
   b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
   c. ☐ **Food Stamps:** The Food Stamp Program
   d. ☐ **County Relief, General Relief (G.R.), or General Assistance (G.A.)**

5. *If you checked box 4, you must check and complete* ***one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.***
   a. ☐ *(Optional)* My Medi-Cal number is *(specify)*:
   b. ☐ *(Optional)* My social security number is *(specify)*:
   ☐☐☐ – ☐☐ – ☐☐☐☐ and my date of birth is *(specify)*:
   [*Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in item 4.*]
   c. ☐ I am attaching documents to verify receipt of the benefits checked in item 4, if requested by the court.
   [*See Form 982(a)(17)(A)* Information Sheet on Waiver of Court Fees and Costs*, available from the clerk's office, for a list of acceptable documents.*]

[*If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.*]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[*If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.*]

7. ☐ My income is not enough to pay for the common necessaries of life for me and the people in my family whom I support and also pay court fees and costs. **[*If you check this box, you must complete the back of this form.*]**

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE)

(Financial information on reverse)

American LegalNet, Inc.
www.USCourtForms.com

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	**Sample Form D**	CASE NUMBER:

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[*If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.*]**

9. **MY MONTHLY INCOME**
   a. My gross monthly pay is: . . . . . $ _____
   b. **My payroll deductions are *(specify purpose and amount)*:**
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      My TOTAL payroll deduction amount is: $ _____
   c. My monthly take-home pay is *(a. minus b.)*: . . . . . $ _____
   d. Other money I get each month is *(specify **source** and **amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings)*:
      (1) _____ $ _____
      (2) _____ $ _____
      (3) _____ $ _____
      (4) _____ $ _____
      The TOTAL amount of other money is: $ _____
      (If more space is needed, attach page labeled Attachment 9d.)
   e. **MY TOTAL MONTHLY INCOME IS** *(c. plus d.)*: . . . . . $ _____
   f. Number of persons living in my home: _____
      Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, **or** on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
(1)				$
(2)				$
(3)				$
(4)				$
(5)				$

      The TOTAL amount of other money is: $ _____
      (If more space is needed, attach page labeled Attachment 9f.)
   g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS** *(a. plus d. plus f.)*: . . . . . $ _____

10. **I own or have an interest in the following property:**
    a. Cash . . . . . $ _____
    b. Checking, savings, and credit union accounts *(list banks)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
    c. Cars, other vehicles, and boats *(list make, year, fair market value (FMV), and loan balance of each)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

    d. Real estate *(list address, estimated fair market value (FMV), and loan balance of each property)*:

	Property	FMV	Loan Balance
(1)		$	$
(2)		$	$
(3)		$	$

    e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. *(list separately)*:
       $ _____

11. **My monthly expenses not already listed in item 9b above are the following:**
    a. Rent or house payment & maintenance $ _____
    b. Food and household supplies . . . . . $ _____
    c. Utilities and telephone . . . . . $ _____
    d. Clothing . . . . . $ _____
    e. Laundry and cleaning . . . . . $ _____
    f. Medical and dental payments . . . . . $ _____
    g. Insurance (life, health, accident, etc.) $ _____
    h. School, child care . . . . . $ _____
    i. Child, spousal support (prior marriage) $ _____
    j. Transportation and auto expenses (insurance, gas, repair) . . . . . $ _____
    k. Installment payments *(specify **purpose** and **amount**)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       The TOTAL amount of monthly installment payments is: . . . . . $ _____
    l. Amounts deducted due to wage assignments and earnings withholding orders: $ _____
    m. Other expenses *(specify)*:
       (1) _____ $ _____
       (2) _____ $ _____
       (3) _____ $ _____
       (4) _____ $ _____
       (5) _____ $ _____
       The TOTAL amount of other monthly expenses is: . . . . . $ _____
    n. **MY TOTAL MONTHLY EXPENSES ARE** *(add a. through m.)*: . . . . . $ _____

12. Other facts that support this application are *(describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12)*:

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

Sample Form E

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

This form is the order from the court either granting or denying your request to waive fees. The court fills out most of this form. The only parts you will fill out are the caption and entries 1-3. **[Note: The Court of Appeal can only waive the Court of Appeal filing fee of $655.00.]** Submit this form to the court along with your Application for Waiver of Court Fees and Costs.

The form is also available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "General Legal" forms, then click on Form 982(a)(18).

Filling out the Order on Application for Waiver of Court Fees and Costs form:

Caption

(1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(2) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.

(3) In the next box down marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the Superior Court case caption.

(4) In the "CASE NUMBER:" box immediately to the right of the preprinted caption "ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS", write the Superior Court case number for your case, and the Court of Appeal number if you have one.

Entries 1-3

Entry 1. Indicate the date that your Application for Waiver of Court Fees and Costs was filed with the court. Check the box if there was a previous fee waiver order, and indicate the date it was issued.

Entry 2. Print your name.

Entry 3. Check the box next to entry 3 and the box indicating the application is granted "in whole." If you cannot afford to pay any court fees and costs, check box 3a. Otherwise, check box 3b and indicate what fees and costs you are asking to have waived. If you are asking that the reporter's transcript fees be waived, check box (9) "Other" and write in "Reporter's transcript fees". [Please note: Number (7) "Reporter's Fees (valid for 60 days)" covers only that portion of the fees for taking the notes in the courtroom. This will not get you a waiver of the reporter's transcript fees.]

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*

Sample Form E

TELEPHONE NO.: FAX NO.:

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER:

DEFENDANT/ RESPONDENT:

CASE NUMBER:

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS

1. The application was filed on *(date):* ☐ A previous order was issued on *(date):*
2. The application was filed by *(name):*
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part *(complete item 4 below).*
   a. ☐ **No payments**. Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived**.
   b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
      (1) ☐ Filing papers.
      (2) ☐ Certification and copying.
      (3) ☐ Issuing process and certification.
      (4) ☐ Transmittal of papers.
      (5 ☐ Court-appointed interpreter.
      (6) ☐ Sheriff and marshal fees.
      (7) ☐ Reporter's fees* *(valid for 60 days).*
      (8) ☐ Telephone appearance (Gov. Code, § 68070.1(c))
      (9) ☐ Other *(specify code section):*

      * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
   c. **Method of payment**. The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
      (1) ☐ Pay *(specify):* percent. (2) ☐ Pay: $ per month or more until the balance is paid.
   d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:

   e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
   f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (*see Cal. Rules of Court, rule 985):*
   a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
   b. ☐ Other *(Complete line 4b on page 2).*
   c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
   d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
   a. The substantial evidentiary conflict to be resolved by the hearing is *(specify):*
   b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:

   c. The address of the court is *(specify):*
      ☐ Same as above
   d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐ _____ ☐ Clerk, by _____, Deputy

JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Form Adopted for Mandatory Use
Judicial Council of California
982(a)(18) [Rev. January 1, 2003]

Government Code, § 68511.3;
Cal. Rules of Court, rule 985

American LegalNet, Inc.
www.USCourtForms.com

4b ☐ Application is denied in whole or in part *(specify reasons):*

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at *(place):* , California, on *(date):*

Clerk, by _____, Deputy

(SEAL)

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

Sample Form F

NOTICE DESIGNATING RECORD ON APPEAL - INSTRUCTIONS

After filing your notice of appeal you have 10 days to tell the Superior Court what you want in the record that will be sent to the Court of Appeal; this is called the Notice Designating Record on Appeal. On the next few pages is a form to assist you in designating the record. What you choose to include in your record depends on the issues you wish to raise on appeal. This notice is filed in the Superior Court.

The Notice Designating Record on Appeal is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-003.

Filling out the Notice Designating Record on Appeal:

Caption

(1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(2) In the "Superior Court of California, County of" area of the form, specify the county, address, and branch name of the superior court that made the order or judgment you are appealing.

(3) In the next box on the form marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the superior court case caption.

(4) In the "Superior Court Case Number" box to the right, write the superior court case number.

(5) In the "RE: Appeal filed on *(date)*" box, write the date the Notice of Appeal was filed.

(6) In the "Court of Appeal Case Number *(if known)*" box immediately to the right, write the Court of Appeal case number, if you have it.

(7) Specify the name of the county after the entry "TO: Clerk of the Superior Court of California County of *(name of county)*"

(8) After the line marked "NOTICE IS HEREBY GIVEN", check the appropriate box to indicate whether you are the appellant (the appealing party) or respondent (the responding party).

Page 1, Entries 1-4

Check only one of the four boxes in entries 1-4.

Sample Form F

Check box "1" if you plan to prepare your own transcript (appendix) under California Rules of Court, rule 5.1 instead of having the Superior Court prepare a clerk's transcript and you don't want a reporter's transcript. If you check this box, there is no need to fill out pages two or three. Date and sign the bottom of this form and you are done.

Check box "2" if you plan to prepare your own transcript (appendix) under California Rules of Court, rule 5.1 instead of having the Superior Court prepare a clerk's transcript and you also want a reporter's transcript. If you check this box be sure to fill out the reporter's transcript section on page three; you do not have to fill out page two.

Check box "3" if you want the Superior Court to prepare a clerk's transcript but you don't want a reporter's transcript. If you check this box be sure to fill out the clerk's transcript section on page two; you do not have to fill out page three.

Check box "4" if you want the Superior Court to prepare both the clerk's transcript and the reporter's transcript. If you check this box be sure to fill out the clerk's transcript section on page two and the reporter's transcript section on page three.

At the bottom of page 1, write the current date on the form, type or print your name legibly, and sign the form.

Page Two (Notice Designating Clerk's Transcript):

Fill out this page only if you checked box "3" or "4" on page one; if you checked box "1" or "2" you do not need to fill out this page. The first seven documents are filled in for you. You may designate anything that was in the Superior Court file as part of your record on appeal, choosing as few or as many documents as you wish. What you choose to include in your record depends on the issues you wish to raise on appeal. You will need to make a $100.00 deposit with the Superior Court if you select this option.

Page Three (Notice Designating Reporter's Transcript):

Fill out this page only if you checked box "2" or "4" on page one; if you checked box "1" or "3" you do not need to fill out this page. A reporter's transcript is a word for word typewritten record of everything that was said in court during a trial or hearing. For each day you want transcribed, write the reporter's name, the department of the Superior Court you were in, the date and the nature of the proceeding. The reporter's transcript costs money. You can ask the reporter to give you an estimate of what it will cost in advance or you can pay $650 per day for days where there were more than three hours to be transcribed or $350 per day where there were less than three hours to be transcribed.

Sample Form F

Page Four (Proof of Service)

Have someone over the age of 18 who is not a party to the action serve the Notice Designating Record on Appeal and fill out the Proof of Service on page 4 of the form. See instructions accompanying Sample Form C.

Due: 10 days after filing Notice of Appeal

File: Original with Superior Court
(Bring an extra copy to be file-stamped
for your file.)

Serve: Court Reporter (if reporter's transcript requested)
All counsel
All self-represented parties

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*

Sample Form F

TELEPHONE NO.:

E-MAIL ADDRESS *(Optional):* FAX NO. *(Optional):*

ATTORNEY FOR *(Name):*

FOR COURT USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

NOTICE DESIGNATING RECORD ON APPEAL (UNLIMITED CIVIL CASE)

Superior Court Case Number:

RE: Appeal filed on *(date):*

Court of Appeal Case Number *(if known):*

Notice: Please read *Information on Appeal Procedures for Unlimited Civil Cases* (Judicial Council form APP-001) before completing this form. This form must be filed in the superior court, not in the Court of Appeal.

TO: Clerk of the Superior Court of California, County of *(name of county):*

NOTICE IS HEREBY GIVEN that *(name):*

The ☐ Appellant ☐ Respondent in the above case elects to proceed with the following record on appeal:

(check only one)

1. ☐ (Appendix Only; no Reporter's Transcript)
   a. elects under rule 5.1 of the California Rules of Court to prepare own transcript in lieu of a court-prepared clerk's transcript.
   AND
   b. elects to have no reporter's transcript. *(Date and sign only.)*

2. ☐ (Appendix and Reporter's Transcript)
   a. elects under rule 5.1 of the California Rules of Court to prepare own transcript in lieu of a court-prepared clerk's transcript.
   AND
   b. elects a reporter's transcript as designated on page 3. *(Fill out the reporter's transcript section on page 3.)*

3. ☐ (Clerk's Transcript Only; no Reporter's Transcript)
   a. elects under rule 5 of the California Rules of Court to proceed with a clerk's transcript as designated on page 2. *(Fill out the clerk's transcript section on page 2.)*
   AND
   b. elects to have no reporter's transcript.

4. ☐ (Clerk's and Reporter's Transcripts)
   a. elects under rule 5 of the California Rules of Court to proceed with a clerk's transcript as designated on page 2. *(Fill out the clerk's transcript section on page 2*
   AND
   b. elects a reporter's transcript as designated on page 3. *(Fill out the reporter's transcript section on page 3.)*

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF PARTY OR ATTORNEY)

Form Approved for Optional Use
Judicial Council of California
APP-003 [New January 1, 2004]

Cal. Rules of Court, rules 4–5.2
www.courtinfo.ca.gov

CASE NAME:	**Sample Form F**	CASE NUMBER:

NOTICE DESIGNATING CLERK'S TRANSCRIPT
(Cal. Rules of Court, rule 5)

A. It is requested that the following documents in the superior court file be included in the clerk's transcript *(give the specific title of each document, an accurate description, and the date of filing):*

Document Title and Description | Date of Filing

(NOTE: Items 1–7 are required to be a part of the clerk's transcript and will automatically be included.)

1. Notice of appeal
2. Notice designating record on appeal *(this document)*
3. Judgment or order appealed from
4. Notice of entry of judgment *(if any)*
5. Notice of intention to move for new trial or motion to vacate the judgment, for judgment notwithstanding the verdict, or for reconsideration of an appealed order *(if any)*
6. Ruling on item 5
7. Register of actions *(if any)*
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.

B. It is requested that the following EXHIBITS admitted into evidence or marked for identification be copied into clerk's transcript on appeal *(check only one box):*

☐ 1. All Exhibits

☐ 2. Specific Exhibits *(give the exhibit number [for example, Plaintiff's #1, Defendant's B, Respondent's A], a brief description, and admission status.):*

☐ See additional pages.

CASE NAME:	**Sample Form F**	CASE NUMBER:

NOTICE DESIGNATING REPORTER'S TRANSCRIPT
(Cal. Rules of Court, rule 4)

Reporter's Name	Dept.	Date	Nature of Proceedings
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

☐ See additional pages.

CASE NAME:	**Sample Form F**	CASE NUMBER:

NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

☐ **Mail** ☐ **Personal Service**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My residence or business address is *(specify):*

3. I mailed or personally delivered a copy of the *Notice Designating Record on Appeal (Unlimited Civil Case)* as follows *(complete either a or b):*

   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope **and**

         (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

      (2) The envelope was addressed and mailed as follows:

         (a) Name of person served:

         (b) Address on envelope:

         (c) Date of mailing:

         (d) Place of mailing *(city and state):*

   b. ☐ **Personal delivery.** I personally delivered a copy as follows:

      (1) Name of person served:

      (2) Address where delivered:

      (3) Date delivered:

      (4) Time delivered*:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶ _____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF DECLARANT)

Sample Form G

COVER FOR RULE 5.1 APPENDIX
(APPELLANT'S OR RESPONDENT'S)

No. [Appellate number]

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA
SECOND APPELLATE DISTRICT, DIVISION [Appropriate division]

[Name of Plaintiff from Superior Court case title and that party's appellate designation], Plaintiff and [Appellant or Respondent], v. [Name of Defendant from Superior Court case title and that party's appellate designation], Defendant and [Appellant or Respondent].	Court of Appeal No. [Appellate number] (Superior Court No. [Number from Superior Court case])

Appeal From a Judgment of
The Superior Court of California, County of [Insert county]
The Honorable [Name of Superior Court Judge], Judge

APPELLANT'S (or RESPONDENT'S) APPENDIX
IN LIEU OF CLERK'S TRANSCRIPT

[Names and addresses of counsel for other parties and of self-represented parties]	Your Name Your Address Your Phone Number During the Day Self-represented

Sample Form H

CHRONOLOGICAL INDEX FOR RULE 5.1 APPENDIX

Chronological Index

ENTRY	DATE	PAGE
Complaint	1/01/01	01
Minute Order	2/15/01	07
Motion for Summary Judgment	4/15/01	08
Separate Statement of Undisputed Facts	4/15/01	20
Opposition to Motion for Summary Judgment	4/28/01	35
Minute Order Denying Summary Judgment	5/15/01	42
Judgment Appealed From	5/30/01	43
Notice of Entry of Judgment	6/02/01	44
Notice of Appeal	6/30/01	45

Sample Form I

ALPHABETICAL INDEX FOR RULE 5.1 APPENDIX

Alphabetical Index

ENTRY	DATE	PAGE
Complaint	1/01/01	01
Judgment Appealed From	5/30/01	43
Minute Order	2/15/01	07
Minute Order Denying Summary Judgment	5/15/01	42
Motion for Summary Judgment	4/15/01	08
Notice of Appeal	6/30/01	45
Notice of Entry of Judgment	6/02/01	44
Opposition to Motion for Summary Judgment	4/28/01	35
Separate Statement of Undisputed Facts	4/15/01	20

Sample Form J

CIVIL CASE INFORMATION STATEMENT - INSTRUCTIONS

The Civil Case Information Statement must be filed in the Court of Appeal within 10 days after the clerk mails you a notice that the form must be filed. Attach a copy of the order or judgment which you are appealing to the Civil Case Information Statement. The court recommends that the order or judgment be file-stamped and signed by the lower court judge. You also need to attach a Proof of Service to the Civil Case Information Statement showing you served a copy of the Civil Case Information Statement with its attachment on all counsel and self-represented parties. (See Sample Form C.) The Civil Case Information Statement is filed in the Court of Appeal.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-004.

Filling out the Civil Case Information Statement form:

Caption:

(1) Fill out the top box of the form, inserting the appropriate appellate district and division. Indicate the Court of Appeal case number in the box to the right.

(2) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(3) In the next box down, indicate your name next to "APPELLANT" and the responding party's name next to "RESPONDENT."

(4) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.

(5) In the "JUDGES" box, list all of the Superior Court judges who had anything to do with your case. In the box to the right, write the Superior Court case number.

Part I - Appeal Information

A.1. Mark the box that best describes what you are appealing.

A.2. If your appeal disposes of all causes of action including all cross-actions between the parties check "yes". If not, check "no".

B.1. The date of entry of judgment or order appealed from.

B.2. The date notice of entry of the judgment or order was served or mailed. If none was served or mailed, leave this space blank.

Sample Form J

B.3. Check "yes" if you made a motion for (a) new trial, (b) judgment notwithstanding the verdict, (c) reconsideration of an appealable order or (d) vacating the judgment, and that motion was denied. Check the "no" box if you did not make any of the above motions. If you checked yes, write in the type of motion you filed, the date the motion was filed, the date the motion was denied and the date the denial was served.

B.4. The date you filed your notice of appeal or cross-appeal in Superior Court.

C. Check if there is a bankruptcy case or any court issued stay which would have an affect on your appeal in the Court of Appeal. If you check this box you must attach to this form a file-stamped copy of the bankruptcy petition and any documentation related to the stay. Leave blank if there is no bankruptcy case or other court issued stay which would have an affect on your appeal in the Court of Appeal.

D. Check "yes" if you have any related appeals, writs or any other proceeding before this or any other California appellate court. Check "no" if you do not have any other appeals, writs or proceedings before this or any other California appellate court. If you checked "yes", write the name of the court in which you have or had a case, the appellate court case number, the title of the case, name of trial court and trial court case number. If you have or had multiple cases, attach the list of cases to this form on a separate sheet of paper.

E. Some types of cases require service of briefs or petitions on the Attorney General. Check the list on the form to see if yours is one of these types of cases. In addition, Rule 44.5(a) requires service on the Attorney General for the following types of cases: (1) those questioning the constitutionality of a state statute; (2) those in which the state or a state officer in his or her official capacity is a party; and (3) those in which a county is a party. Check the "yes" box if service on the Attorney General is required, and check the "no" box if it is not.

PART II -NATURE OF ACTION

A. Check the box or boxes that best describe the nature of the action of your case. If it is not listed, check "Other action" and describe the nature of the case.

B. Check this box if your case is entitled to calendar preference or priority on appeal. Write the rule of court or statute that entitles you to calendar preference or priority. Leave blank if your case is not entitled to calendar preference or priority.

PART III - PARTY AND ATTORNEY INFORMATION

On a separate sheet of paper, write or type all the parties and their attorneys of record who will participate in the appeal. For each party, list the party's name and designation in the trial court proceeding (plaintiff, defendant, etc.). For the attorneys, list the party the attorney represents, the name of the attorney, state bar number, mailing address, telephone number, fax number and e-mail address. If the party is self-represented, list the name, designation in the trial court proceeding (plaintiff, defendant, etc.), mailing address, telephone number, fax number and e-mail address. List only parties who will be participating in the appeal and no one else.

Sample Form J

At the bottom of page 2, write or type your name legibly, and date and sign the form. Serve a copy of the form on all parties. (See Sample Form C.)

Due:	10 days after the Court of Appeal clerk notifies you the form must be filed
File:	Original of Civil Case Information Statement, judgment or order and Proof of Service on all parties. File with Court of Appeal. Provide an extra copy to be file-stamped for your file.
Serve:	All counsel All self-represented parties

TO BE FILED IN THE COURT OF APPEAL

APP-004

CIVIL CASE INFORMATION STATEMENT Sample Form J COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____	Court of Appeal Case Number *(if known)*:
ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*: TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: FAX NO. *(Optional)*: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
APPELLANT: RESPONDENT:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
JUDGES *(all who participated in case)*:	Superior Court Case Number:

NOTE TO APPELLANT: You must file this form with the clerk of the Court of Appeal within 10 days after the clerk mails you a notice that this form must be filed. You must attach to this form (1) a copy of the judgment or order being appealed that shows the date it was entered (see Cal. Rules of Court, rule 2(c) for definition of "entered") and (2) proof of service of this form on all parties to the appeal. (CAUTION: An appeal in a limited civil case (Code Civ. Proc., § 85) may be taken ONLY to the appellate division of the superior court (Code Civ. Proc., § 904.2), or to the superior court (Code. Civ. Proc., § 116.710 [small claims cases]).

PART I – APPEAL INFORMATION

A. APPEALABILITY

1. Appeal is from:
   - ☐ Judgment after jury trial
   - ☐ Judgment after court trial
   - ☐ Default judgment
   - ☐ Judgment after an order granting a summary judgment motion
   - ☐ Judgment of dismissal under Code Civ. Proc., §§ 581d, 583.250, 583.360, or 583.430
   - ☐ Judgment of dismissal after an order sustaining a demurrer
   - ☐ An order after judgment under Code Civ. Proc., § 904.1(a)(2)
   - ☐ An order or judgment under Code Civ. Proc., § 904.1(a)(3)–(13)
   - ☐ Other *(describe and specify code section that authorizes this appeal)*:
2. Does the judgment appealed from dispose of all causes of action, including all cross-actions between the parties?
   ☐ Yes ☐ No If no, please explain why the judgment is appealable:

B. TIMELINESS OF APPEAL *(Provide all applicable dates.)*

1. Date of entry of judgment or order appealed from: _____/_____/_____
2. Date that notice of entry of judgment or a copy of the judgment was mailed by the clerk or served by a party under California Rules of Court, rule 2: _____/_____/_____
3. Was a motion for new trial, judgment notwithstanding the verdict, reconsideration, or to vacate the judgment made and denied?
   ☐ Yes ☐ No If yes, please specify the type of motion:

   Date motion filed: _____/_____/_____ Date denied: _____/_____/_____ Date denial served: _____/_____/_____
4. Date notice of ☐ appeal *or* ☐ cross-appeal filed: _____/_____/_____

C. BANKRUPTCY OR OTHER STAY

Is there a related bankruptcy case or a court-ordered stay that affects this appeal. ☐ Yes ☐ No *If yes, please attach a copy of the bankruptcy petition [without attachments] and any stay order.*

Form Adopted for Mandatory Use
Judicial Council of California
APP-004 [Rev. January 1, 2004]

APPELLATE CASE TITLE:	**Sample Form J**	SUPERIOR COURT CASE NUMBER:

D. APPELLATE CASE HISTORY *(Provide additional information, if necessary, on attachment I.D.)*

Is there now, or has there previously been, any appeal, writ, or other proceeding related to this case pending in any California appellate court? ☐ Yes ☐ No If yes, insert name of appellate court:

Appellate court case no.: Title of case:

Name of trial court: Trial court case no.:

E. SERVICE REQUIREMENTS

Is service of documents in this matter, including a brief or a petition, required on the Attorney General or other nonparty public officer or agency under California Rules of Court, rule 44.5 or a statute? ☐ Yes ☐ No *If yes, please indicate the rule or statute that applies.*

- ☐ Rule 44.5(a)
- ☐ Bus. & Prof. Code, § 17209 (Unfair Competition Act)
- ☐ Bus. & Prof. Code, § 17536.5 (False advertising)
- ☐ Civ. Code, § 51.1 (Unruh, Ralph, or Bane Civil Rights Acts; antiboycott cause of action; sexual harassment in business or professional relations; civil rights action by district attorney)
- ☐ Civ. Code, § 55.2 (Disabled access to public conveyances, accommodations, and housing)
- ☐ Gov. Code, § 4461 (Disabled access to public buildings)
- ☐ Gov. Code, § 12656(a) (False Claims Act)
- ☐ Health & Saf. Code, § 19954.5 (Accessible seating and accommodations)
- ☐ Health & Saf. Code, § 19959.5 (Disabled access to privately funded public accommodations)
- ☐ Other *(please specify statute):*

NOTE: The rule and statutory provisions listed above require service of a copy of a party's brief or petition and brief on the Attorney General or other public officer or agency. Other statutes requiring service on the Attorney General or other public officers or agencies may also apply. (See, e.g., Code Civ. Proc., § 1355; Gov. Code, § 946.6(d); Pub. Resources Code, § 21167.7.)

PART II – NATURE OF ACTION

A. Nature of action *(check all that apply):*

1. ☐ Conservatorship
2. ☐ Contract
3. ☐ Eminent domain
4. ☐ Equitable action a. ☐ Declaratory relief b. ☐ Other *(describe):*
5. ☐ Family law
6. ☐ Guardianship
7. ☐ Probate
8. ☐ Real property rights a. ☐ Title of real property b. ☐ Other *(describe):*
9. ☐ Tort
   - a. ☐ Medical malpractice
   - b. ☐ Product liability
   - c. ☐ Other personal injury
   - d. ☐ Personal property
   - e. ☐ Other tort *(describe):*
10. ☐ Trust proceedings
11. ☐ Writ proceedings in superior court
    - a. ☐ Mandate (Code Civ. Proc., § 1085)
    - b. ☐ Administrative mandate (Code Civ. Proc., § 1094.5)
    - c. ☐ Prohibition (Code Civ. Proc., § 1102)
    - d. ☐ Other *(describe):*
12. ☐ Other action *(describe):*

B. ☐ This appeal is entitled to calendar preference/priority on appeal *(cite authority):*

PART III – PARTY AND ATTORNEY INFORMATION

Please attach to this form a list of all the parties and all their attorneys of record who will participate in the appeal. For the parties, include the following information: the party's name and his or her designation in the trial court proceeding (plaintiff, defendant, etc.). For the attorneys, include the following information: name, State Bar number, mailing address, telephone number, fax number, and e-mail address.

Date:

This statement is prepared and submitted by: ▶ _____

(SIGNATURE OF ATTORNEY OR UNREPRESENTED PARTY)

Sample Form K

IN THE COURT OF APPEAL OF THE STATE OF CALIFORNIA

SECOND APPELLATE DISTRICT, DIVISION [Insert division#]

THE THREE BEARS, Plaintiffs and Respondents, v. GOLDILOCKS, Defendant and Appellant.	Court of Appeal No. _____ (Super. Ct. No. _____)

Appeal From a Judgment **[or Order]**
Of The Superior Court, County of _____
Hon. _____, Judge
[Superior Court Judge]

APPELLANT'S OPENING BRIEF

Your name
Your Address
Your Phone Number During the Day

Appellant [or Respondent]
Self-Represented

If Appellant's Opening Brief, this cover page is green.

If Respondent's Brief, this cover page is yellow.

If Appellant's Reply Brief, this cover page is tan.

Sample Form K

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Sample Form K

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Williams v. Wraxall (1995) 33 Cal.App.4th 120.	2

STATUTES (if any)

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Restatement 2nd of Torts, section 167.	3
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Sample Form K

STATEMENT OF THE CASE

The Three Bears filed a complaint in August 2001 alleging Goldilocks had trespassed on their property by entering their home when they were not at home, consuming a meal and falling asleep in a bed. The complaint alleged that Baby Bear had suffered physical and mental damages as a result of being frightened upon discovering Goldilocks. (CT 1-4.) After a civil trial on the matter over a period of two days, the court found that Goldilocks had committed trespass. (CT 25.) The court entered a final judgment in favor of the Three Bears in the amount of $50,000. (CT 27.)

STATEMENT OF APPEALABILITY

This appeal is from the judgment of the San Diego County Superior Court and is authorized by the Code of Civil Procedure, section 904.1, subdivision (a)(1).

STATEMENT OF FACTS

Papa Bear lives in Los Angeles, California with his wife, Mama Bear and son, Baby Bear. (RT 1.) Appellant Goldilocks lives a few miles away on the other side of the forest. (RT 25.) The Bears' neighbor, Gloria Gardner, watched what happened from her garden next door. (RT 15.)

Gardner testified she saw the Bear family leave their house without shutting the front door about 8:00 a.m. and saw Goldilocks enter the house at about 8:30. At about 9:30 a.m. she heard screams and saw Goldilocks run from the Bears' house. (RT 17.)

The Bears testified that when they returned from the walk, they saw they had left the front door open. (RT 3.) Food was missing from the dining room table. (RT 4.) Baby Bear found Goldilocks asleep in his bed. (RT 6.) Terrified, Baby Bear screamed and woke up Goldilocks. (RT 9.) Startled and confused, Goldilocks ran from the Bears' house. (RT 30.)

Sample Form K

An expert bear cub psychologist, Dr. Dramatic, who has done extensive research in the phobias of young bears, testified to the traumatic effects when a bear cub comes in contact with a human child. Baby Bear had physical symptoms of blackouts stemming from his encounter with Goldilocks as well as mental anguish requiring therapy. (RT 21-24.)

Goldilocks testified she was looking for a boarding facility to take a rest, the Bears' house was very large, there was no fence to indicate this was private property, the door of the house was left open and there was a mat at the front door that said "WELCOME". (RT 25-26.) She thought this was a commercial boarding establishment, as large amounts of food were set out as if for guests; she looked for someone to ask about spending the night and saw several sets of chairs and beds all in different sizes. (RT 27-28.) She sat down on a bed and fell asleep. (RT 29.)

ARGUMENT

I. GOLDILOCKS WAS GIVEN IMPLIED CONSENT TO ENTER THE HOUSE AND THUS HER ENTRY WAS NOT "WRONGFUL"

A. The Standard of Review. The trial court erred in finding that Goldilocks trespassed on the Bears' property as there is no substantial evidence to support that finding. On review, the appellate court looks to the record to see if there are facts to support the trial court or jury's findings. If there is any substantial evidence to support the verdict, the court will affirm. If there are conflicts in the facts, the court will resolve the conflict in favor of the party who won in the trial court. (*Williams v. Wraxall* (1995) 33 Cal.App.4th 120, 132.)

B. The Elements of the Action. A trespass occurs when a person intentionally, recklessly or negligently enters land in the possession of another. (*Gallin v. Poulou* (1956) 140 Cal.App.2d 638, 645.) The intent to enter is the only intent needed. (*Miller v. National*

Broadcasting Co. (1986) 187 Cal.App.3d 1463, 1480.) However, consent or permission to enter upon the property is a defense. (*Williams v. General Elec. Credit Corp.* (1946) 159 Cal.App.2d 527, 532; 5 Witkin, Summary of California Law (9th ed. 1988) Torts, § 607, p. 706; Rest.2d Torts, § 167.)

C. No Evidence of Wrongful Entry. Here, Goldilocks did not intend to enter on private property. She thought the Bears' house was a public, commercial boarding house. Although her actual intent is not a legal defense, her actual intent reinforces her argument that she had consent to enter the building. The door was open, the WELCOME mat was out, the food was on the table, and there were many beds and chairs about. All of this points to the conclusion the Bears were prepared for and awaiting the arrival of numerous persons and supports Goldilocks' belief this was a boarding house and there was no reason for her not to enter. At a minimum the house was prepared and open for an "open house". No evidence points to any indication the house was closed, off-limits to outsiders, or limited in the types of persons who would be admitted. There is no evidence to support a finding Goldilocks' entry was wrongful. The judgment must be reversed.

Sample Form K

CONCLUSION

Goldilocks submits the Three Bears have failed to meet their burden of proving that her entry into their house was wrongful and, thus, a trespass. All of the evidence supports a finding that the Bears by their conduct consented to Goldilocks' entry. Goldilocks respectfully asks that this Court reverse the decision of the trial court and vacate the award of damages.

Respectfully submitted,

DATED:

By _____
(Signature)

_____
(Your name-printed or typed)

Sample Form K

CERTIFICATE OF COMPLIANCE

Pursuant to rule 14(c) of the California Rules of Court, I hereby certify that this brief contains _____ words, including footnotes. In making this certification, I have relied on the word count of the computer program used to prepare the brief.

By _____
(Your Signature)

An original Proof of Service must be attached to every original document filed with the court. A copy of the Proof of Service must be attached to every document served on all counsel and self-represented parties. (See Sample Form C.)

Sample Form L

MEMORANDUM OF POINTS AND AUTHORITIES FOR MOTION TO AUGMENT - INSTRUCTIONS

A Memorandum of Points and Authorities in support of your motion to augment must be attached to the motion to augment. **[NOTE: This memorandum is only a sample. You should give your own reason in paragraph 2 and your own circumstances in paragraph 3 as to why you need to augment the record and why there is no prejudice.]**

You should attach your memorandum and a supporting declaration (Sample Form M) to one of the three forms of motions to augment set forth in this manual. (Sample Forms N, O, P.) You must also attach a proof of service of all these documents. (Sample Form C.) These should all be stapled together in one document, with the caption page of the motion to augment in front.

Filling out the Memorandum of Points and Authorities Form:

(1) Today's date.

(2) Your signature.

(3) Type or legibly print your name.

File: Original plus 3 copies of:

Motion to Augment (Sample Form N, O, or P)
Memorandum of Points and Authorities (Sample Form L)
Declaration (Sample Form M)
Proof of Service (Sample Form C)

Provide an extra copy to be file-stamped for your file.

Serve: Superior Court
All counsel
All self-represented parties

Sample Form L

MEMORANDUM OF POINTS AND AUTHORITIES

AUGMENTATION SHOULD BE ORDERED
TO ALLOW APPELLANT TO RECEIVE
FULL AND FAIR APPELLATE REVIEW

Rule 12(a) of California Rules of Court permits the augmentation of the appellate record and specifically under Rule 12(a)(1) allows a certified transcript or document not designated under Rule 4 to be augmented and permitted. It is well established that this rule is to be construed liberally. (*People* v. *Brooks* (1980) 26 Cal.3d 471, 484.)

The need for augmentation here is compelling. Appellant believes the trial court erred in granting summary judgment based on its own determination of the credibility of conflicting declarations. The issue can only be reviewed on appeal if the reporter's transcript of the court's comments before ruling is part of the appellate record.

Not only is augmentation necessary, it will not prejudice any party. The augmentation request concerns documents which were all part of the record. Additionally, the augmentation will not cause a substantial delay in this appeal.

CONCLUSION

For the above reasons, this Court should order the record to be augmented on appeal by including the reporter's transcript or document(s) requested in this motion.

Dated: (1)

Respectfully Submitted,

(2)
Signature
(3)
Type or Print Name

Sample Form M

DECLARATION IN SUPPORT OF MOTION TO AUGMENT - INSTRUCTIONS

A declaration in support of your motion to augment must be attached to the motion. **[NOTE: This declaration is only a sample. You should insert you own reasons in paragraphs 3 and 4 and add your own support for paragraph 6.]**

Filling out the Declaration in Support of Motion to Augment form:

(1) Your name.

(2) The date of the hearing you want to augment.

(3) The name of the Superior Court judge who presided at the hearing you want transcribed.

(4) The date of the hearing you want to augment.

(5) Today's date.

(6) Month and year.

(7) City where you signed the declaration.

(8) Your signature.

(9) Type or legibly print your name.

File: Original plus 3 copies of:

Motion to Augment (Sample Form N, O, or P)
Memorandum of Points and Authorities (Sample Form L)
Declaration (Sample Form M)
Proof of Service (Sample Form C)

Provide an extra copy to be file-stamped for your file.

Serve: Superior Court
All counsel
All self-represented parties

Sample Form M

DECLARATION IN SUPPORT OF MOTION TO AUGMENT

I, (1) _____, declare and state as follows:

1. I am a self-represented litigant.

2. On (2) _____, I argued the matter before the Honorable (3) _____. The court reporter reported the matter.

3. I did not order the reporter's transcript of (4) _____, thinking it was unnecessary.

4. I believe the court used the incorrect standard of review. The court's comments before announcing its ruling are material to this issue. The transcript of that hearing is therefore a necessary element of the record on appeal.

If documents attached use 5 below:

5. Because the document(s) requested is attached to this motion, there will be no significant delay, and possibly no delay at all with this appeal.

6. I know of no prejudice to any party as a result of the granting of this motion.

7. This motion is made in good faith for the reasons set forth above and not for the purposes of delay.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this (5) _____ day of (6) _____, at (7) _____, California.

(8) _____
Signature
(9) _____
Type or Print Name

Sample Form N

MOTION TO AUGMENT RECORD ON APPEAL (DOCUMENTS ATTACHED) - INSTRUCTIONS

After the record on appeal is filed, you might discover there is something missing from the record that you think the court should consider when deciding your case. You may make a Motion to Augment Record on Appeal (Documents Attached). Attach the documents to your motion to augment that you want added to the record on appeal. The motion is filed in the Court of Appeal. You must file an original plus three copies of the motion with points and authorities and your declaration (Sample Forms L & M, adapted to fit your specific request). You must serve your motion on all parties. (Sample Form C.) The motion, memorandum, declaration, attached documents, and proof of service may be stapled together in one document, with the caption page of the motion in front.

Filling out the Motion to Augment Record on Appeal (Documents Attached):

(1) Your name.

(2) Your mailing address.

(3) Your city, state and zip code.

(4) Your telephone number where you can be reached during the day.

(5) The plaintiff's name as it appears on your Superior Court caption.

(6) Whether plaintiff is "appellant" or "respondent".

(7) The defendant's name as it appears on your Superior Court caption.

(8) Whether defendant is "appellant" or "respondent".

(9) The Court of Appeal case number.

(10) The Superior Court number from your Superior Court case.

(11) Your name.

(12) List the documents you are attaching, for example:

1. Order dated August 20, 2004.

2. Declaration of John Doe dated August 30, 2004.

(13) State why you are requesting the item(s) be added. For example, forgot to list it in Notice Designating Record, just learned I need the item to support argument, etc.

Sample Form N

(14) The city and state in which the motion is being filed.

(15) Today's date.

(16) Month and year.

(17) Your signature.

(18) Type or legibly print your name
.

File: Original plus 3 copies of:

Motion to Augment (Sample Form N, O, or P)
Memorandum of Points and Authorities (Sample Form L)
Declaration (Sample Form M)
Attached documents
Proof of Service (Sample Form C)

Provide an extra copy to be file-stamped for your file.

Serve: Superior Court
All counsel

Sample Form N

(1)
(2)
(3)
(4)
Self-represented

COURT OF APPEAL, SECOND APPELLATE DISTRICT
DIVISION [Insert division #]
STATE OF CALIFORNIA

(5) , Plaintiff and (6) , v. (7) , Defendant and (8) .	(9) . (Superior Court No. (10)) MOTION TO AUGMENT RECORD ON APPEAL (DOCUMENTS ATTACHED)

Pursuant to Rule 12(a) of the California Rules of Court, I, (11) , request augmentation of the record on appeal to include documents in this case that were not included in the Clerk's Transcript. Copies of the documents to be added to the record are attached to this motion. Those documents are:

(12)

I am requesting that these documents be added to the record because:
(13)

I declare under penalty of perjury that the foregoing is true and correct.

Executed at [city, state] this (14) day of (15) .

(16)
Signature
(17)
Type or Print Name

Sample Form O

MOTION TO AUGMENT RECORD ON APPEAL (DOCUMENTS REQUESTED) - INSTRUCTIONS

After the record on appeal is filed, you might discover there is something missing from the record that you think the court should consider when deciding your case. If you do not have copies of the documents you want to include, you may make a Motion to Augment Record on Appeal (Documents Requested). The motion with points and authorities and your declaration (Sample Forms L & M, adapted to fit your specific request) is filed in the Court of Appeal. You must file an original plus three copies. You must serve your motion on the Superior Court, all counsel and all self-represented parties, and you must file a proof of service. (Sample Form C.) The motion, memorandum, declaration, and proof of service may be stapled together in one document, with the caption page of the motion in front. If the court grants your motion, the Superior Court clerk will give you an estimate of how much it will cost to copy the documents you list to be included in the record. If you do not pay it, you will be placed in default.

Filling out the Motion to Augment Record on Appeal (Documents Requested):

(1) Your name.

(2) Your mailing address.

(3) Your city, state and zip code.

(4) Your telephone number where you can be reached during the day.

(5) The plaintiff's name as it appears on your Superior Court caption.

(6) Whether plaintiff is "appellant" or "respondent".

(7) The defendant's name as it appears on your Superior Court caption.

(8) Whether defendant is "appellant" or "respondent".

(9) The Court of Appeal case number.

(10) The Superior Court number from your Superior Court case.

(11) Your name.

Sample Form O

(12) List the documents you are requesting, for example:

1. Order dated August 20, 2004.

2. Declaration of John Doe dated August 30, 2004.

(13) State why you are requesting the item(s) be added. For example, forgot to include it in Notice Designating Record, etc.

(14) The city and state in which the motion is being made.

(15) Today's date.

(16) Month and year.

(17) Your signature.

(18) Type or legibly print your name.

File: Original plus 3 copies of:

Motion to Augment (Sample Form N, O, or P)
Memorandum of Points and Authorities (Sample Form L)
Declaration (Sample Form M)
Proof of Service (Sample Form C)

Provide an extra copy to be file-stamped for your file.

Serve: Superior Court
All counsel
All self-represented parties

Sample Form O

(1)
(2)
(3)
(4)
Self-represented

COURT OF APPEAL, SECOND APPELLATE DISTRICT
DIVISION [Insert division #]
STATE OF CALIFORNIA

(5) , Plaintiff and (6) , v. (7) , Defendant and (8) .	(9) . (Superior Court No. (10)) MOTION TO AUGMENT RECORD ON APPEAL (DOCUMENTS REQUESTED)

Pursuant to Rule 12(a) of the California Rules of Court, I, (11) , request augmentation of the record on appeal to include documents in this case that were not included in the Clerk's Transcript. Those documents are:

(12)

The reason I am requesting the items(s) is:
(13)

I declare under penalty of perjury that the foregoing is true and correct.

Executed at (14) , this (15) day of (16) .

(17)
Signature
(18)
Type or Print Name

Sample Form P

MOTION TO AUGMENT RECORD ON APPEAL WITH REPORTER'S TRANSCRIPT - INSTRUCTIONS

After the record on appeal is filed, you might discover there is a transcript of a proceeding missing from the record that you think the court should consider when deciding your case. You may make a Motion to Augment Record on Appeal With Reporter's Transcript. You must specify the date and approximate time of each proceeding you want transcribed. If you have the name of the court reporter, it would be helpful to include it. The motion with points and authorities and your declaration (Sample Forms L & M, adapted to fit your specific request) are filed in the Court of Appeal. You must file an original plus three copies. You must serve your motion on the Superior Court, all counsel and all self-represented parties, and you must file a proof of service. (Sample Form C.) The motion, memorandum, declaration, and proof of service may be stapled together in one document, with the caption page of the motion in front. If the court grants your motion, you will have to pay for the reporter's transcript. (See CRC rule 4(b).) The Superior Court clerk or court reporter will give you an estimate of how much the transcript you are requesting will cost. If you do not pay, you will be placed in default.

Filling out the Motion to Augment Record on Appeal With Reporter's Transcript:

(1) Your name.

(2) Your mailing address.

(3) Your city, state and zip code.

(4) Your telephone number where you can be reached during the day.

(5) The plaintiff's name as it appears on your Superior Court caption.

(6) Whether plaintiff is "appellant" or "respondent".

(7) The defendant's name as it appears on your Superior Court caption.

(8) Whether defendant is "appellant" or "respondent".

(9) The Court of Appeal case number.

(10) The Superior Court number from your Superior Court case.

(11) Your name.

Sample Form P

(12) List the proceedings, date, and time, and court reporters name, for example:

1. Hearing on June 15, 2004 from 9:00 a.m. to 11:30 a.m. Court reporter is John Doe.

2. Hearing on June 16, 2004, all day beginning at 9:00 a.m. Court reporter is Jane Doe.

(13) Write the reason you need to augment the record.

(14) The city and state in which the motion is being filed.

(15) Today's date.

(16) Month and year.

(17) Your signature.

(18) Type or legibly print your name.

File: Original plus 3 copies of:

Motion to Augment (Sample Form N, O, or P)
Memorandum of Points and Authorities (Sample Form L)
Declaration (Sample Form M)
Proof of Service (Sample Form C)

Provide an extra copy to be file-stamped for your file.

Serve: Superior Court
All counsel
All self-represented parties

Sample Form P

(1)
(2)
(3)
(4)
Self-represented

COURT OF APPEAL, SECOND APPELLATE DISTRICT
DIVISION [Insert division #]
STATE OF CALIFORNIA

(5) , Plaintiff and (6) , v. (7) , Defendant and (8) .	(9) . (Superior Court No. (10)) MOTION TO AUGMENT RECORD ON APPEAL WITH REPORTER'S TRANSCRIPT

Pursuant to Rule 12(a) of the California Rules of Court, I, (11) , request augmentation of the record on appeal to include the reporter's transcript(s) listed below.

(12)

The reason I am requesting to augment the record is:
(13)

I declare under penalty of perjury that the foregoing is true and correct.

Executed at (14) , this (15) day of (16) .

(17)
Signature
(18)
Type or Print Name

Sample Form Q

STIPULATION TO EXTEND TIME TO FILE BRIEF - INSTRUCTIONS

The parties may stipulate to extend the briefing time for up to 60 days for each type of brief by filing one or more stipulations in the Court of Appeal **before** the brief is due. (CRC rule 15(b).) The stipulation must be signed by and served on all parties.

Filling out the Stipulation to Extend Time form:

(1) Your name.

(2) Your mailing address.

(3) Your city, state and zip code.

(4) Your telephone number where you can be reached during the day.

(5) The plaintiff's name as it appears on your Superior Court caption.

(6) Whether plaintiff is "appellant" or "respondent".

(7) The defendant's name as it appears on your Superior Court caption.

(8) Whether defendant is "appellant" or "respondent".

(9) The Court of Appeal case number.

(10) The Superior Court number from your Superior Court case.

(11) Name of the brief for which you are requesting an extension: appellant's opening, respondent's or appellant's reply.

(12) The date which will be the *new* due for the brief.

(13) Name of person or counsel *agreeing* to grant the extension.

(14) Name of person or counsel *requesting* the extension.

(15) Number of days you are requesting the time to be extended.

(16) Name of the brief for which you are requesting an extension: appellant's opening, respondent's or appellant reply.

Sample Form Q

(17) Name of the brief for which you are requesting an extension: appellant's opening, respondent's or appellant reply.

(18) New due date of your brief.

(19) Today's date.

(20) Signature of the party filing the stipulation.

(21) Date opposing party signed stipulation.

(22) Signature of opposing party.

File: Original and one copy with Proof of Service on all counsel and self-represented parties

Serve: All counsel
All self-represented parties
(If you are an attorney, serve your client.)

Sample Form Q

(1)
(2)
(3)
(4)
Self-represented

COURT OF APPEAL, SECOND APPELLATE DISTRICT
DIVISION [Insert division #]
STATE OF CALIFORNIA

(5) ,	D (9) .
Plaintiff and (6) ,	(Superior Court No. (10))
v.	STIPULATION TO EXTEND TIME TO FILE (11) , BRIEF TO (12) .
(7) ,	
Defendant and (8) .	

The undersigned counsel of record of the respective parties in the above-entitled action hereby stipulate as follows:

1. (13) has agreed to grant (14) a (15) -day extension for filing its (16) brief.

2. The parties agree that there will be no prejudice to either party as a result of this extension.

3. The parties agree that (17) brief will now be due on (18) .

Dated: (19) .

(20)
Signature of Party Filing Stipulation
(or counsel if represented)

Dated: (21) .

(22)
Signature of Opposing Party
(or counsel if represented)

Sample Form R

APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF - INSTRUCTIONS

If a party needs more than the 60 days already stipulated to, or if the opposing party refuses to stipulate to an extension, the party needing the extension must file an application for extension of time. The party seeking additional time must give reasons, also known as **"good cause,"** why that extension is needed. (CRC rule 45.5.) You must serve a copy of your extension request on all parties (or the attorneys for represented parties). You should file an original of your extension request in the Court of Appeal, along with a proof of service. (Sample Form C.) You must also provide the Clerk of the Court of Appeal with enough copies of the extension request for each party (including yourself) and stamped envelopes addressed to each party (including yourself). The Clerk will use these extra copies and envelopes to mail out the court's order granting or denying the extension request.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-006.

Filling out the Application for Extension of Time to File Brief form:

Caption

(1) Fill out the top box of the form as follows: "Court of Appeal, Second Appellate District, Division [insert division #]." Indicate the Court of Appeal case number and the Superior Court case number in the boxes to the right.

(2) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(3) In the next box down, indicate your name next to "APPELLANT" and the responding party's name next to "RESPONDENT."

Page 1, entries 1-8

Entry 1. Check whether the extension is for appellant's opening brief, respondent's brief or appellant's reply brief and indicate the date the brief is due. Add the date you would like the brief to be due after the "be extended to *(date)*" language.

Entry 2. Check one of the two boxes to indicate whether or not CRC rule 17 notice has been received.

Entry 3. Check whether there have been previous extensions. If earlier extensions were received, indicate how many were granted by stipulation, how many by the court, and for each type of extension, the total number of days briefing has already been extended.

Entry 4. Check why you are unable to file a stipulation.

Sample Form R

Entry 5. Give **"good cause"** for the extension by explaining why the extension is needed. (See CRC rule 45.5(c) for a list of the relevant factors.)

Entry 6. If a brief has already been filed, check whether the most recent brief filed was the Appellant's Opening Brief ("AOB") or the Respondent's Brief ("RB"), and give the date it was filed. If no brief has yet been filed, leave this entry blank.

Entry 7. Fill out the requested information for the length of the appellate record and the date the record was filed.

Entry 8. Leave this box blank if you are representing yourself. If you are an attorney, serve a copy of the application on your client and check the box.

Date the form at the bottom of page 1, type or print your name legibly, and sign.

Page 2 - Proof of Service

Have someone over the age of 18 who is not a party to the action serve the application and fill out the Proof of Service on page 2 of the form. See instructions accompanying Sample Form C.

File: Original with a Proof of Service on all counsel and self-represented parties (if you are an attorney, serve your client), together with copies and preaddressed, stamped envelopes for each party.

Serve: All counsel
All self-represented parties
(If you are an attorney, serve your client.)

TO BE FILED IN THE COURT OF APPEAL

APP-006

Sample Form R

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____

Court of Appeal Case Number:

Superior Court Case Number:

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

FOR COURT USE ONLY

APPELLANT:

RESPONDENT:

APPLICATION FOR EXTENSION OF TIME TO FILE BRIEF (CIVIL CASE)

Notice: Please read *Information on Appeal Procedures for Unlimited Civil Cases* (Judicial Council form APP-001) before completing this form.

1. I *(name):*
   request that the time to file ☐ appellant's opening brief (AOB) ☐ respondent's brief (RB) ☐ appellant's reply brief (ARB), now due on *(date):*
   be extended to *(date):*
2. I ☐ have ☐ have not received a rule 17 notice.
3. I have received:
   ☐ no previous extensions to file this brief.
   ☐ the following previous extensions:
   (number of extensions): extensions by stipulation totaling *(total number of days):*
   (number of extensions): extensions from the court totaling *(total number of days):*
4. I am unable to file a stipulation to an extension because
   ☐ the other party is unwilling to stipulate to an extension.
   ☐ other reason *(please specify):*
5. The reason I need an extension to file this brief is *(please specify; see Cal. Rules of Court, rule 45.5, for factors used in determining whether to grant extensions):*
6. The last brief filed by any party was: ☐ AOB ☐ RB filed on *(date)*:
7. The record in this case is:

	Volumes (#)	Pages (#)	Date filed
Appendix/Clerks Transcript:	_____	_____	_____
Reporters Transcript:	_____	_____	_____
Augmentation/other:	_____	_____	_____

8. For attorneys filing application on behalf of client:
   ☐ I certify that I have delivered a copy of this application to my client (Cal. Rules of Court, rule 45(f)).

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

▶ _____ (SIGNATURE OF PARTY OR ATTORNEY)

ORDER

EXTENSION OF TIME IS:

☐ Granted to _____

☐ Denied

Date:

_____ (SIGNATURE OF PRESIDING JUSTICE)

Form Approved for Optional Use
Judicial Council of California
APP-006 [New January 1, 2004]

Cal. Rules of Court, rules 15, 43, 45, and 45.5
www.courtinfo.ca.gov

Sample Form R

CASE NAME:	CASE NUMBER:

NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

☐ **Mail** ☐ **Personal Service**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My residence or business address is *(specify):*

3. I mailed or personally delivered a copy of the *Application for Extension of Time to File Brief (Civil Case)* as follows *(complete either a or b):*

   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope **and**

         (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

      (2) The envelope was addressed and mailed as follows:

         (a) Name of person served:

         (b) Address on envelope:

         (c) Date of mailing:

         (d) Place of mailing *(city and state):*

   b. ☐ **Personal delivery.** I personally delivered a copy as follows:

      (1) Name of person served:

      (2) Address where delivered:

      (3) Date delivered:

      (4) Time delivered*:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Sample Form S

PETITION FOR REHEARING - INSTRUCTIONS

After the opinion has been filed in your case, or a request for publication granted or modification of opinion changing judgment, you have 15 days to ask the Court of Appeal for a rehearing. You ask for a rehearing if you feel that the opinion misstates the facts, has an error of law, has a significant omission in the facts or law or failed to consider an important argument. There is an automatic right to rehearing if the Court of Appeal makes a decision based on an issue that was not proposed or briefed by any party. (Government Code section 68081.) The petition for rehearing has an orange cover. An original plus four copies of the petition for rehearing must be filed in the Court of Appeal. A proof of service showing service on the Supreme Court, the Superior Court and all counsel and self-represented parties must accompany the petition for rehearing.

Filling out the Cover Page:

(1) The plaintiff's name as it appears on your Superior Court caption.

(2) Whether plaintiff is "appellant" or "respondent".

(3) The defendant's name as it appears on your Superior Court caption.

(4) Whether defendant is "appellant" or "respondent".

(5) The Court of Appeal case number.

(6) The Superior Court number from your Superior Court case.

(7) Write the county where the Superior Court case originated.

(8) The name of the Superior Court judge.

(9) Your name.

(10) Your mailing address.

(11) Your city, state and zip code.

(12) Your telephone number where you can be reached during the day.

Filling out the Petition for Rehearing:

(1) Your name.

(2) Your mailing address.

Sample Form S

(3) Your city, state and zip code.

(4) Your telephone number where you can be reached during the day.

(5) The plaintiff's name as it appears on your Superior Court caption.

(6) Whether plaintiff is "appellant" or "respondent".

(7) The defendant's name as it appears on your Superior Court caption.

(8) Whether defendant is "appellant" or "respondent".

(9) The Court of Appeal case number.

(10) The Superior Court number from your Superior Court case.

(11) Write whether you are "appellant" or "respondent".

(12) Your name.

(13) The date the opinion was filed.

(14) Why you think there should be a rehearing.

(15) The arguments in support of your reason why there should be a rehearing.

(16) Write "affirm", "reverse" or "modify", however you think the court should have ruled in its opinion.

(17) Current date.

(18) Your signature.

(19) Type or legibly print your name.

Due: 15 days after opinion filed, or request for publication granted or modification of opinion changing judgment.

Cover Color: Orange

File: Original plus 4 copies with Court of Appeal with Proof of Service

Provide an extra copy to be file-stamped for your file.

Serve: California Supreme Court - 4 copies
Superior Court - 1 copy
All counsel
All self-represented parties

Sample Form S

COURT OF APPEAL, SECOND APPELLATE DISTRICT

DIVISION [Insert division #]

STATE OF CALIFORNIA

(1) , Plaintiff and (2) , v. (3) , Defendant and (4) .	(5) . (Superior Court No. (6))

Appeal From the Superior Court of (7) .County
Honorable (8) , Judge

PETITION FOR REHEARING

(9)
(10)
(11)
(12)
Self-Represented

Sample Form S

(1)
(2)
(3)
(4)

COURT OF APPEAL, SECOND APPELLATE DISTRICT
DIVISION [Insert division #]
STATE OF CALIFORNIA

(5) , Plaintiff and (6) , v. (7) , Defendant and (8) .	(9) . (Superior Court No. (10))

PETITION FOR REHEARING

(11) , (12) , seeks rehearing of the court's opinion in the above case filed on (13) . The rehearing is necessary because (14) .

(15)

Sample Form S

CONCLUSION

Petitioner requests that rehearing be granted and that the court (16) , the judgment.

DATED: (17)

(18)
Signature

(19)
Type or Print Name

An original Proof of Service must be attached to every original document filed with the court. A copy of the Proof of Service must be attached to every document served on all counsel and self-represented parties. (See Sample Form C.)

Sample Form T

ABANDONMENT OF APPEAL (UNLIMITED CIVIL CASE)
INSTRUCTIONS

If you wish to abandon your civil appeal **BEFORE** the record is filed, you should file a written Abandonment of Appeal (Unlimited Civil Case) form in the **Superior Court**.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-005.

Filling out the Abandonment of Appeal (Unlimited Civil Case) form:

Caption

(1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(2) In the "Superior Court of California, County of" area of the form, specify the county, address, and branch name of the superior court that made the order or judgment you are appealing.

(3) In the next box on the form marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the superior court case caption.

(4) In the "Superior Court Case Number" box to the right, write the superior court case number.

(5) In the "Court of Appeal Case Number *(if known)*" box, write the Court of Appeal case number, if you know it.

Abandonment Statement

Fill in the date your Notice of Appeal was filed. At the bottom of the form, write the current date, type or print your name legibly, and sign the form.

Page Two (Proof of Service)

Have someone over the age of 18 who is not a party to the action serve the Abandonment of Appeal and fill out the Proof of Service on page 4 of the form. See instructions accompanying Sample Form C.

File:	Original with **Superior Court** Provide an extra copy to be file-stamped for your file.
Serve:	All counsel All self-represented parties

Sample Form T

TO BE FILED IN THE SUPERIOR COURT

APP-005

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	Superior Court Case Number:
ABANDONMENT OF APPEAL (UNLIMITED CIVIL CASE)	Court of Appeal Case Number *(if known)*:

The undersigned appellant hereby abandons the appeal filed on *(date)* in the above entitled action.

Date:

(TYPE OR PRINT NAME)

▶ (SIGNATURE OF APPELLANT OR ATTORNEY)

NOTE: File this form in the superior court if the record has not yet been filed in the Court of Appeal. If the record has already been filed in the Court of Appeal, you cannot use this form; you must file a request for dismissal in the Court of Appeal. You can use form APP-007 to file a request for dismissal in the Court of Appeal.

Form Approved for Optional Use
Judicial Council of California
APP-005 [New January 1, 2004]

Cal. Rules of Court, rule 20
www.courtinfo.ca.gov

Sample Form T

Sample Form T

CASE NAME:	CASE NUMBER:

NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

☐ **Mail** ☐ **Personal Service**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My residence or business address is *(specify):*

3. I mailed or personally delivered a copy of the *Abandonment of Appeal (Unlimited Civil Case)* as follows *(complete either a or b):*

   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope **and**

         (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

      (2) The envelope was addressed and mailed as follows:

         (a) Name of person served:

         (b) Address on envelope:

         (c) Date of mailing:

         (d) Place of mailing *(city and state):*

   b. ☐ **Personal delivery.** I personally delivered a copy as follows:

      (1) Name of person served:

      (2) Address where delivered:

      (3) Date delivered:

      (4) Time delivered*:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Sample Form U

REQUEST FOR DISMISSAL OF APPEAL (CIVIL CASE) INSTRUCTIONS

If you wish to abandon your civil appeal **AFTER** the record is filed, you should file a written Request for Dismissal of Appeal (Civil Case) form in the **Court of Appeal**. Dismissal of the appeal is discretionary with the Court of Appeal.

This form is available online in Adobe Acrobat PDF format and may be filled out electronically for free at www.courtinfo.ca.gov/cgi-bin/forms.cgi. Select "Appellate" forms, then click on Form APP-007.

Filling out the Request for Dismissal of Appeal (Civil Case) form:

Caption

(1) Fill out the top box of the form as follows: "Court of Appeal, Second Appellate District, Division [Insert divison #]." Indicate the Court of Appeal case number and the Superior Court case number in the boxes to the right.

(2) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.

(3) In the next box down, indicate your name next to "APPELLANT" and the responding party's name next to "RESPONDENT."

Dismissal Request

Write in the date your Notice of Appeal was filed. At the bottom of the form, write the current date, type or print your name legibly, and sign the form.

Page Two (Proof of Service)

Have someone over the age of 18 who is not a party to the action serve the Request for Dismissal and fill out the Proof of Service on page 4 of the form. See instructions accompanying Sample Form C.

File:	Original plus 3 copies with Court of Appeal Provide an extra copy to be file-stamped for your file.
Serve:	All counsel All self-represented parties

COURT OF APPEAL, _____ APPELLATE DISTRICT, DIVISION _____ Sample Form U	Court of Appeal Case Number *(if known)*: Superior Court Case Number:
ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address)*: TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: FAX NO. *(Optional)*: ATTORNEY FOR *(Name)*:	***FOR COURT USE ONLY***
APPELLANT: RESPONDENT:	
REQUEST FOR DISMISSAL OF APPEAL (CIVIL CASE)	

The undersigned appellant hereby requests that the appeal filed on (*date)* in the above entitled action be dismissed.

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF APPELLANT OR ATTORNEY)

NOTE: File this form in the Court of Appeal if the record on appeal has already been filed in the Court of Appeal. If the record has not yet been filed in the Court of Appeal, you cannot use this form; you must file an *Abandonment of Appeal ((Unlimited Civil Case) (form APP-005)* in the superior court.

Sample Form U

CASE NAME:	CASE NUMBER:

NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the front and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

☐ **Mail** ☐ **Personal Service**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**

2. My residence or business address is *(specify):*

3. I mailed or personally delivered a copy of the *Request for Dismissal of Appeal (Civil Case)* as follows *(complete either a or b):*

   a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.

      (1) I enclosed a copy in an envelope **and**

         (a) ☐ **deposited** the sealed envelope with the United States Postal Service, with the postage fully prepaid.

         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

      (2) The envelope was addressed and mailed as follows:

         (a) Name of person served:

         (b) Address on envelope:

         (c) Date of mailing:

         (d) Place of mailing *(city and state):*

   b. ☐ **Personal delivery.** I personally delivered a copy as follows:

      (1) Name of person served:

      (2) Address where delivered:

      (3) Date delivered:

      (4) Time delivered*:*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)