

Appellate Court Name: «IACCourtName»

2005 Civil Appeals Study
NCSC Coding Form
Intermediate Appellate Court

County, State: «Sitecode»
Trial Court Case Number: «TrialCtCaseNo»
Plaintiff's Last Name: «Pltfname»

1. Appellate Court Docket Number: _____

2. Appellant (from Trial Court case): Plaintiff Defendant

3. Cross-appeal Multiple Appeal

4. Number of parties: # appellants: _____ # appellees: _____

5. Appeal milestones: DATE: _____

a. Initiated Documentation: _____/_____/_____ DK

b. Record filed: _____/_____/_____ DK

c. Transcript filed: _____/_____/_____ DK

d. Appellant brief filed: _____/_____/_____ DK

e. Appellee brief filed: _____/_____/_____ DK

f. Reply briefs: (list additional on back)

Appellant DK _____/_____/_____ DK

Appellee DK _____/_____/_____ DK

g. Briefing Completed: _____/_____/_____ DK

h. Oral argument: _____/_____/_____ None

i. Decision/Disposition: _____/_____/_____ DK

6. Total # of issues presented in the appellant's initial brief: _____

a. 1st issue on appeal: _____ b. 2nd issue on appeal: _____

c. 3rd issue on appeal: _____ d. 4th issue on appeal: _____

e. 5th issue on appeal: _____ f. 6th issue on appeal: _____

7. Appellate court disposition (Check all that apply):

a. Review/transfer not granted or dismissed due to:

- Appeal improvidently granted Lack of jurisdiction
 Denied (discretionary review) Procedural Error
 No valid issue on appeal Unknown

b. Appeal withdrawn before decision:

- By stipulation of parties By appellant
 Transfer/certified to COLR Unknown

c. Motion on the merits granted

d. Affirmed in whole

e. Reversed in part

f. Reversed in whole

g. Remanded (explain effect below)

h. Verdict/judgment modified (explain effect below)

8. Type of Decision:

- Full Opinion No Opinion (N/A)
 Memorandum
 Summary/Dispositional Order
 Other Opinion

9. Total # of issues addressed by Opinion: _____ Opinion Pending

a. Issue 1 1. Issue addressed _____
2. Resolution _____

b. Issue 2 1. Issue addressed _____
2. Resolution _____

c. Issue 3 1. Issue addressed _____
2. Resolution _____

d. Issue 4 1. Issue addressed _____
2. Resolution _____

e. Issue 5 1. Issue addressed _____
2. Resolution _____

f. Issue 6 1. Issue addressed _____
2. Resolution _____

10. Alternative Dispute Resolution Program (court-sponsored)

- a. Referred to program
b. Returned to regular docket
c. No referral (skip to Q11)

11. Present status of appeal: Closed Pending

12. Request to reconsider/rehear:

- a. _____/_____/_____ None (skip to Q13)
b. Reconsideration/rehearing granted?: Yes No DK

13. Appealed to State Court of Last Resort?:

- a. Yes No (skip to Q14) DK
b. Date: _____/_____/_____ DK
c. Petition granted? Yes No DK
d. Date: _____/_____/_____ DK

14. Appellant's counsel: pro se / pro per

Name: _____
City & State: _____, _____
Phone: (_____) _____ - _____

15. Appellee's counsel: pro se / pro per

Name: _____
City & State: _____, _____
Phone: (_____) _____ - _____

Use the back of this form to state additional comments about this case, including any deviations from typical appeal processing.

Paperwork Reduction Act Burden Statement:

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete the form is 90 minutes. If you have comments regarding the accuracy of this estimate, or suggestions to simplify this form, write to the Bureau of Justice Statistics, Office of Justice Programs, 810 7th Street, N.W., Washington, D.C. 20531. OMB NO. XXXX-XXXX Exp XX/XX/20XX V.X.X

Coder's initials: _____ Date: _____/_____/_____