

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):
3. Cross-appeal / Multiple Appeal
4. Number of parties: # appellants: # appellees:
5. Appeal milestones: DATE:
a. Initiated Documentation:
b. Record filed:
c. Transcript filed:
d. Appellant brief filed:
e. Appellee brief filed:
f. Reply briefs:
g. Briefing Completed:
h. Oral argument:
i. Decision/Disposition:
6. Total # of issues presented in the appellant's initial brief:
7. Appellate court disposition (Check all that apply):

- 8. Type of Decision:
9. Total # of issues addressed by Opinion:
10. Alternative Dispute Resolution Program (court-sponsored)
11. Present status of appeal:
12. Request to reconsider/rehear:
13. Appealed to State Court of Last Resort?:
14. Appellant's counsel:
15. Appellee's counsel:
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: