

B. DISTRICT COURT DISPOSITION (Check as many as apply)		
1. Stage of Proceedings	2. Type of Judgment/Order Appealed	3. Relief
<input type="checkbox"/> Pre-trial <input type="checkbox"/> During trial <input type="checkbox"/> After trial	<input type="checkbox"/> Default judgment <input type="checkbox"/> Dismissal/jurisdiction <input type="checkbox"/> Dismissal/merit <input type="checkbox"/> Summary judgment <input type="checkbox"/> Declaratory judgment	<input type="checkbox"/> Judgment / court decision <input type="checkbox"/> Jury verdict <input type="checkbox"/> Judgment NOV <input type="checkbox"/> Directed verdict <input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Damages: _____ Sought: \$ _____ Granted: _____ Denied: \$ _____		
<input type="checkbox"/> Injunctions: _____ Preliminary _____ Permanent _____ Granted _____ Denied		

C. NATURE OF SUIT (Check as many as apply)

1. Federal Statutes <input type="checkbox"/> Antitrust <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Banks/Banking <input type="checkbox"/> Civil Rights <input type="checkbox"/> Commerce, routes and tariffs <input type="checkbox"/> Commodities <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Communications <input type="checkbox"/> Consumer Protection <input type="checkbox"/> Copyright <input type="checkbox"/> Patent <input type="checkbox"/> Trademark <input type="checkbox"/> Election <input type="checkbox"/> Energy <input type="checkbox"/> Environmental	<input type="checkbox"/> Freedom of Information <input type="checkbox"/> Immigration <input type="checkbox"/> Labor <input type="checkbox"/> OSHA <input type="checkbox"/> Securities <input type="checkbox"/> Soc. Security <input type="checkbox"/> Tax	2. Torts <input type="checkbox"/> Admiralty/ Maritime <input type="checkbox"/> Assault / Defamation <input type="checkbox"/> FELA <input type="checkbox"/> Product Liability/Warranty <input type="checkbox"/> Other (Specify): _____	3. Contracts <input type="checkbox"/> Admiralty/ Maritime <input type="checkbox"/> Arbitration <input type="checkbox"/> Commercial <input type="checkbox"/> Employment <input type="checkbox"/> Insurance <input type="checkbox"/> Negotiable Instruments <input type="checkbox"/> Other (Specify): _____	4. Prisoner Petitions <input type="checkbox"/> Civil Rights Habeas Corpus _____ 2254 _____ 2255 <input type="checkbox"/> Mandamus <input type="checkbox"/> Parole <input type="checkbox"/> Vacate Sentence <input type="checkbox"/> Other
5. Other <input type="checkbox"/> Forfeiture/Penalty <input type="checkbox"/> Real Property <input type="checkbox"/> Treaty (specify): _____ <input type="checkbox"/> Other (specify): _____	6. General <input type="checkbox"/> Arbitration <input type="checkbox"/> Attorney Disqualification <input type="checkbox"/> Class Action <input type="checkbox"/> Counsel Fees <input type="checkbox"/> Shareholder Derivative <input type="checkbox"/> Transfer	7. Will appeal raise constitutional issue? <input type="checkbox"/> Yes <input type="checkbox"/> No Will appeal raise a matter of first impression? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is any matter relative to this case pending below ? Yes No (specify): _____

To your knowledge, is there any case now pending or about to be brought before this Court or any other court or administrative agency which
 (A) arises from substantially the same case or controversy as this appeal? Yes No
 (B) involves an issue that is substantially the same, similar, or related to an issue in this appeal? Yes No

If yes, state whether "A" "B" or both, and provide: _____

Case Name:	Docket No.	Citation:	Court or Agency:
Name of Appellant:			
Date:	Signature of Counsel of Record		

NOTICE TO COUNSEL

Once you have filed your Notice of Appeal with the District Court or the Tax Court and have paid the \$5 filing fee, you have only ten (10) days in which to docket your appeal. You must take the following steps within those ten (10) days:

1. Complete this Civil Appeal Pre-Argument Statement (Form C); serve it upon all parties, and file it with the Clerk of the Court of Appeals.
2. File the Court of Appeals Transcript Information/Civil Appeal Form (Form D) with the Clerk of the Court of Appeals.
3. Pay the \$100 docketing fee to the Clerk of the United States District Court, unless you are authorized to prosecute the appeal without _____ payment.

IF YOU DO NOT COMPLY WITH THESE REQUIREMENTS WITHIN TEN (10) DAYS, YOUR APPEAL WILL BE DISMISSED.
 (NOTE: This form is not required of non-attorney pro se litigants.)
SEE THE CIVIL APPEALS MANAGEMENT PLAN OF THE UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT.

NOTICE CONCERNING DISCLOSURE OF INTERESTED PARTIES

Rule 0.15 of the local rules of this Court supplementing the Federal Rules of Appellate Procedure provides as follows:

0.15 Disclosure of Interested Parties.

To enable the judges of the court to evaluate possible disqualification, counsel for all private (nongovernment) parties, in an appeal, or in a motion or other proceeding related to an appeal, shall in all cases submit when such party's initial brief is due, or upon request of the Clerk, an identification of any corporate parent of the party.

NOTICE TO COUNSEL

The Civil Appeals Management Plan of the Court of Appeals for the Second Circuit directs appellant to file Form C-A with the Clerk of the Court within ten (10) days after filing the application for enforcement or petition for review .

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

APPLICATION FOR ENFORCEMENT

PETITION FOR REVIEW

PRE-ARGUMENT STATEMENT

SEE NOTICE ON REVERSE. PLEASE TYPE OR PRINT. ATTACH ADDITIONAL PAGES IF NECESSARY.

NAME OF AGENCY:

AGENCY DOCKET NO.:

TITLE IN FULL:

ORDER NUMBER: _____
APPROXIMATE NO. OF PAGES IN RECORD: _____
JURISDICTION OF COURT OF APPEALS: _____

DATE ENTERED: _____
NO. OF EXHIBITS: _____
USCA _____

HAS THIS MATTER BEEN BEFORE THIS COURT PREVIOUSLY? Yes No IF YES, STATE:

CASE NAME: _____ CITATION: _____ DOCKET NO.: _____

ATTORNEY(S) FOR PETITIONER(S): _____

NAME

ADDRESS

TELEPHONE

ATTORNEYS FOR RESPONDENT(S): _____

NAME

ADDRESS

TELEPHONE

APPEAL TAKEN: AS OF RIGHT

BY DISCRETION (SPECIFY STATUTES UNDER WHICH APPEAL IS TAKEN): _____ USCA _____

PETITIONER/APPLICANT IS AGENCY OTHER PARTY NON-PARTY. SPECIFY STANDING: _____

FACTS UPON WHICH VENUE IS BASED: _____

NATURE OF ORDER ON WHICH REVIEW OR ENFORCEMENT IS SOUGHT:

ADMINISTRATIVE REGULATION/RULEMAKING BENEFITS REVIEW UNFAIR LABOR PRACTICE:

ROUTES: _____ HEALTH & SAFETY _____ EMPLOYER

_____ COMMUNICATIONS _____ IMMIGRATION _____ UNION

_____ COMMERCE _____ TARIFFS

_____ OTHER: (SPECIFY) _____

CONCISE DESCRIPTION OF PROCEEDINGS BELOW AND ORDER TO BE REVIEWED OR ENFORCED (NOTE THOSE PARTS OF THE ORDER FROM WHICH RELIEF IS SOUGHT):

ISSUES PROPOSED TO BE RAISE ON PETITION OR APPLICATION:

RELIEF SOUGHT:

TO YOUR KNOWLEDGE, IS THERE ANY CASE NOW PENDING OR ABOUT TO BE BROUGHT BEFORE THIS COURT OR ANY OTHER COURT OR ADMINISTRATIVE AGENCY WHICH:

(A) ARISES FROM SUBSTANTIALLY THE SAME CASE OR CONTROVERSY AS THIS APPEAL? YES NO

(B) INVOLVES AN ISSUE SUBSTANTIALLY THE SAME, SIMILAR, OR RELATED TO AN ISSUE IN THIS APPEAL? YES NO

(IF YES, STATE WHETHER "A" OR "B" OR BOTH AND PROVIDE:

DOCKET: _____ CASE NAME: _____

COURT OR AGENCY: _____ CITATION: _____ NUMBER: _____

FOR PETITIONER OR APPLICANT:

(PRINT) NAME OF PETITIONER

NAME OF COUNSEL OF RECORD

TELEPHONE

DATE

SIGNATURE OF COUNSEL OF RECORD