

# NOTICE TO THE BAR

## **REVISIONS TO RULES OF COURT APPENDICES III, IV, VII AND VIII** **– FORMS RELATING TO THE APPELLATE DIVISION**

This Notice promulgates reformatted and revised versions of four Appellate Division forms that are included as Appendices to the Rules of Court. As provided by Rules 2:5-1 and 2:5-3, these attached forms are to be “in the form prescribed by the Administrative Director of the Courts.” The revised Appendices/forms, which are effective as of September 1, 2008, are as follows:

- Appendix III – Court Transcript Request (Rule 2:5-3(a));
- Appendix IV – Notice of Appeal to the Appellate Division (Rule 2:5-1(f));
- Appendix VII – Appellate Division Civil Case Information Statement (Rule 2:5-1(f)); and
- Appendix VIII – Appellate Division Criminal Case Information Statement (Rule 2:5-1(f)).

/s/ Philip S. Carchman

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Philip S. Carchman, P.J.A.D.  
Acting Administrative Director of the Courts

Dated: July 11, 2008

## **Appendix III**

### **Court Transcript Request (Rule 2:5-3(a))**



**New Jersey Judiciary  
Superior Court - Appellate Division  
COURT TRANSCRIPT REQUEST**

Please type or clearly print all information.

Instructions:

1. Complete all information
2. File a separate request for each court reporter or court clerk who recorded a portion of the proceeding
3. Attach the Appellate Division or Supreme Court Clerk's copy to the Notice of Appeal (R. 2:5-1(f))
4. Attach transcript fee.

PLAINTIFF(S)

TRIAL COURT DOCKET NUMBER

v.

COUNTY / COURT

DEFENDANT(S)

**REQUESTING PARTY**

NAME

EMAIL ADDRESS

PHONE NUMBER

ADDRESS

CITY

STATE

ZIP

**TO**

NAME / ADDRESS (COURT REPORTER or COURT CLERK (if sound recorded))

It is hereby requested that you prepare for use on (check one) ☐ appeal ☐ non-appeal\* an original and \_\_\_\_\_ copies of the following:

DATE OF PROCEEDING

TYPE OF PROCEEDING (e.g., trial, sentencing, motion, etc.)

NAME OF JUDGE

I agree to pay for the preparation and any copies ordered of the transcript(s) for the above date(s) pursuant to R. 2:5-3(d).

\_\_\_\_\_  
SIGNATURE OF REQUESTING PARTY

\_\_\_\_\_  
DATE

Transcript fees are set by New Jersey Statute 2B:7-4. An additional sum or reimbursement may be required prior to or at the completion of the transcript order.

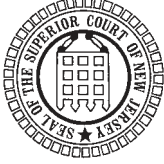
**DEPOSIT ATTACHED: \$** \_\_\_\_\_

\* Only the Supervisor of Court Reporters should receive copies of non-appeal transcript requests.

- CC:
1. CLERK, Appellate Division, or CLERK, Supreme Court (see INSTRUCTIONS above)
  2. Supervisor of Court Reporters \_\_\_\_\_
  3. Trial Court Transcript Office
  4. Other attorneys / Pro Se parties \_\_\_\_\_

## **Appendix IV**

### **Notice of Appeal to the Appellate Division (Rule 2:5-1(f))**



**New Jersey Judiciary  
Superior Court - Appellate Division  
NOTICE OF APPEAL**

Type or clearly print all information. Attach additional sheets if necessary.		<b>ATTORNEY / LAW FIRM / PRO SE LITIGANT</b>			
TITLE IN FULL (AS CAPTIONED BELOW):		NAME			
		STREET ADDRESS			
		CITY	STATE	ZIP	PHONE NUMBER
		EMAIL ADDRESS			
ON APPEAL FROM					
TRIAL COURT JUDGE		TRIAL COURT OR STATE AGENCY			TRIAL COURT OR AGENCY NUMBER
<p>Notice is hereby given that _____ appeals to the Appellate Division from a <input type="checkbox"/> Judgment or <input type="checkbox"/> Order entered on _____ in the <input type="checkbox"/> Civil <input type="checkbox"/> Criminal or <input type="checkbox"/> Family Part of the Superior Court or from a <input type="checkbox"/> State Agency decision entered on _____.</p> <p>If not appealing the entire judgment, order or agency decision, specify what parts or paragraphs are being appealed.</p>  <p>Have all issues, as to all parties in this action, before the trial court or agency been disposed of? (In consolidated actions, all issues as to all parties in all actions must have been disposed of.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, has the order been properly certified as final pursuant to <u>R. 4:42-2</u>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For criminal, quasi-criminal and juvenile actions only:</p> <p>Give a concise statement of the offense and the judgment including date entered and any sentence or disposition imposed:</p> <p>This appeal is from a <input type="checkbox"/> conviction <input type="checkbox"/> post judgment motion <input type="checkbox"/> post-conviction relief.</p> <p>If post-conviction relief, is it the <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> other _____ <span style="display: block; text-align: right; font-size: small;">specify</span></p> <p>Is defendant incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was bail granted or the sentence or disposition stayed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If in custody, name the place of confinement:</p> <p>Defendant was represented below by:</p> <p><input type="checkbox"/> Public Defender <input type="checkbox"/> self <input type="checkbox"/> private counsel _____ <span style="display: block; text-align: right; font-size: small;">specify</span></p>					

Notice of appeal and attached case information statement have been served where applicable on the following:

	Name	Date of Service
Trial Court Judge		
Trial Court Division Manager		
Tax Court Administrator		
State Agency		
Attorney General or Attorney for other Governmental body pursuant to R. 2:5-1(a), (e) or (h)		
Other parties in this action:		

Name and Designation	Attorney Name, Address and Telephone No.	Date of Service
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Attached transcript request form has been served where applicable on the following:

	Name	Date of Service	Amount of Deposit
Trial Court Transcript Office			
Court Reporter (if applicable)			
Supervisor of Court Reporters			
Clerk of the Tax Court			
State Agency			

Exempt from submitting the transcript request form due to the following:

- ☐ No verbatim record.
- ☐ Transcript in possession of attorney or pro se litigant (four copies of the transcript must be submitted along with an electronic copy).  
List the date(s) of the trial or hearing:
- ☐ Motion for abbreviation of transcript filed with the court or agency below. Attach copy.
- ☐ Motion for free transcript filed with the court below. Attach copy.

I certify that the foregoing statements are true to the best of my knowledge, information and belief.  
I also certify that, unless exempt, the filing fee required by N.J.S.A. 22A:2 has been paid.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ATTORNEY OR PRO SE LITIGANT

## **Appendix VII**

### **Appellate Division Civil Case Information Statement (Rule 2:5-1(f))**



**New Jersey Judiciary  
Superior Court - Appellate Division  
CIVIL CASE INFORMATION STATEMENT**

Please type or clearly print all information.

TITLE IN FULL

TRIAL COURT OR AGENCY DOCKET NUMBER

■ **Attach additional sheets as necessary for any information below.**

**APPELLANT'S ATTORNEY**

EMAIL ADDRESS:

☐ PLAINTIFF ☐ DEFENDANT ☐ OTHER (SPECIFY)

NAME

CLIENT

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

**RESPONDENT'S ATTORNEY \***

EMAIL ADDRESS:

NAME

CLIENT

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

\* Indicate which parties, if any, did not participate below or were no longer parties to the action at the time of entry of the judgment or decision being appealed.

GIVE DATE AND SUMMARY OF JUDGMENT, ORDER, OR DECISION BEING APPEALED AND ATTACH A COPY:

Are there any claims against any party below, either in this or a consolidated action, which have not been disposed of, including counterclaims, cross-claims, third-party claims and applications for counsel fees?

☐ YES ☐ NO

If so, has the order been properly certified as final pursuant to R. 4:42-2? (If not, leave to appeal must be sought. R. 2:2-4,2:5-6)

☐ YES ☐ NO

(If the order has been certified, attach, together with a copy of the order, a copy of the complaint or any other relevant pleadings and a brief explanation as to why the order qualified for certification pursuant to R. 4:42-2.)

Is the validity of a statute, regulation, executive order, franchise or constitutional provision of this State being questioned? (R. 2:5-1(h))

☐ YES ☐ NO

GIVE A BRIEF STATEMENT OF THE FACTS AND PROCEDURAL HISTORY:

TO THE EXTENT POSSIBLE, LIST THE PROPOSED ISSUES TO BE RAISED ON THE APPEAL AS THEY WILL BE DESCRIBED IN APPROPRIATE POINT HEADINGS PURSUANT TO R. 2:6-2(a)(5). (Appellant or cross-appellant only.):



IF YOU ARE APPEALING FROM A JUDGMENT ENTERED BY A TRIAL JUDGE SITTING WITHOUT A JURY OR FROM AN ORDER OF THE TRIAL COURT, COMPLETE THE FOLLOWING:

1. Did the trial judge issue oral findings or an opinion? If so, on what date? \_\_\_\_\_ ☐ YES ☐ NO
2. Did the trial judge issue written findings or an opinion? If so, on what date? \_\_\_\_\_ ☐ YES ☐ NO
3. Will the trial judge be filing a statement or an opinion pursuant to R. 2:5-1(b)? ☐ YES ☐ NO

Caution: Before you indicate that there was neither findings nor an opinion, you should inquire of the trial judge to determine whether findings or an opinion was placed on the record out of counsel's presence or whether the judge will be filing a statement or opinion pursuant to R. 2:5-1(b).

DATE OF YOUR INQUIRY: \_\_\_\_\_

1. IS THERE ANY APPEAL NOW PENDING OR ABOUT TO BE BROUGHT BEFORE THIS COURT 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

2. WAS THERE ANY PRIOR APPEAL INVOLVING THIS CASE OR CONTROVERSY? ☐ YES ☐ NO

IF THE ANSWER TO EITHER 1 OR 2 ABOVE IS YES, STATE:

Case Name:

Appellate Division Docket Number:

Civil appeals are screened for submission to the Civil Appeals Settlement Program (CASP) to determine their potential for settlement or, in the alternative, a simplification of the issues and any other matters that may aid in the disposition or handling of the appeal. Please consider these when responding to the following question. A negative response will not necessarily rule out the scheduling of a preargument conference.

State whether you think this case may benefit from a CASP conference. ☐ YES ☐ NO

Explain your answer:

\_\_\_\_\_  
Name of Appellant or Respondent

\_\_\_\_\_  
Name of Counsel of Record  
(or your name if not represented by counsel)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counsel of Record  
(or your signature if not represented by counsel)

## **Appendix VIII**

### **Appellate Division Criminal Case Information Statement (Rule 2:5-1(f))**



**New Jersey Judiciary**  
**Superior Court - Appellate Division**  
**CRIMINAL CASE INFORMATION STATEMENT**  
(For use in Criminal, Quasi-Criminal and Juvenile Actions)

Please type or clearly print all information.

TITLE IN FULL

TRIAL COURT DOCKET NUMBER

**APPELLANT'S ATTORNEY** EMAIL ADDRESS:

☐ PLAINTIFF ☐ DEFENDANT ☐ OTHER (SPECIFY)

NAME

CLIENT

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

**RESPONDENT'S ATTORNEY** EMAIL ADDRESS:

NAME

CLIENT

MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

GIVE DATE AND SUMMARY OF JUDGMENT OR ORDER BEING APPEALED AND ATTACH A COPY:

Are there any issues below in this action involving defendant which have not been disposed of?

☐ YES ☐ NO

(If so, leave to appeal must be sought. R. 2:2-4, 2:5-6)

Is the validity of a statute, regulation, executive order, franchise or constitutional provision of this State being questioned?

☐ YES ☐ NO

(R. 2:5-1(h))

Is defendant presently confined?

☐ YES ☐ NO

If not, is defendant on bail?

☐ YES ☐ NO

Provide any State Bureau of Identification (SBI) number and date of birth: \_\_\_\_\_ / \_\_\_\_\_

Will the issue(s) in this appeal involve **only** whether the trial court imposed a proper sentence?

☐ YES ☐ NO

If so, briefs shall not be filed without leave of court. (R. 2:9-11)

Are there co-defendants?

☐ YES ☐ NO

If so, state their names and whether they were tried with the defendant or shared any pretrial motion.

GIVE A BRIEF STATEMENT OF THE FACTS AND PROCEDURAL HISTORY:

TO THE EXTENT POSSIBLE, LIST THE PROPOSED ISSUES TO BE RAISED ON THE APPEAL AS THEY WILL BE DESCRIBED IN APPROPRIATE POINT HEADINGS PURSUANT TO R. 2:6-2(a)(5). (Appellant or cross-appellant only.):

IF YOU ARE APPEALING FROM A JUDGMENT ENTERED BY A TRIAL JUDGE SITTING WITHOUT A JURY OR FROM AN ORDER OF THE TRIAL COURT, COMPLETE THE FOLLOWING:

1. Did the trial judge issue oral findings or an opinion? If so, on what date? \_\_\_\_\_ ☐ YES ☐ NO
2. Did the trial judge issue written findings or an opinion? If so, on what date? \_\_\_\_\_ ☐ YES ☐ NO  
(Attach a copy.)
3. Will the trial judge be filing a statement or an opinion pursuant to R. 2:5-1(b)? ☐ YES ☐ NO

Caution: Before you indicate that there was neither findings nor an opinion, you should inquire of the trial judge to determine whether findings or an opinion was placed on the record out of counsel's presence or whether the judge will be filing a statement or opinion pursuant to R. 2:5-1(b).

DATE OF YOUR INQUIRY: \_\_\_\_\_

1. IS THERE ANY CASE NOW PENDING OR ABOUT TO BE BROUGHT BEFORE THIS COURT 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

2. WAS THERE ANY PRIOR APPEAL INVOLVING THIS CASE OR CONTROVERSY? ☐ YES ☐ NO

IF THE ANSWER TO EITHER 1 OR 2 ABOVE IS YES, STATE:

Case Name and Type (direct, 1st PCR, other, etc.):

Appellate Division Docket Number:

\_\_\_\_\_  
Name of Appellant or Respondent

\_\_\_\_\_  
Name of Counsel of Record  
(or your name if not represented by counsel)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counsel of Record  
(or your signature if not represented by counsel)