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CIVIL APPEAL INFORMATION STATEMENT

COUNSEL FOR APPELLANT: This statement is due to be filed with the Clerk of the Court of Appeals not later than **14** days from the docketing of the notice of appeal.

SHORT CAPTION WITH IDENTITY	OF APPEL	LANT:	
APPEAL FROM DISTRICT COURT:			
District: D.C. Docket No.:			
Date proceedings initiated in D.C.:			
Date Notice of Appeal filed:			
USCA No.:			
	CO	DUNSEL ON APPEAL	
Appellant(s):			
Name of Counsel:			
Name of Party(ies):			
Address:			
Telephone No.: Fax No.:			
E-mail:			
For Appellacial *List only the names	of nortice on	d council who will oppose you op opposi	
roi Appenee(s). List only the names of	or parties and	d counsel who will oppose you on appeal	
Name of Counsel:			
Name of Party(ies):			
Address:			
Telephone No.:			
Fax No.:			
E-mail:			
Name of Counsel:			
Name of Party(ies):			
Address:			
Telephone No.:			
Fax No.:			
E-mail:			
Is this a Cross-Appeal?	Yes []	No []	
Appeals Docket No.:	<u> </u>		
Was there a previous appeal in case? If yes, Short Title:	Yes []	No []	
Appeals Docket No.:			
Citation, if reported:			

RACTS IRALTY/MARITIME TRATION MERCIAL
RACTS IRALTY/MARITIME TRATION
IRALTY/MARITIME TRATION
COYMENT RANCE OTIABLE DISBURSEMENTS ER Specify: ONER PETITIONS ARIGHTS ATE SENTENCE 2255 EAS CORPUS 2254 EAS CORPUS 2241 DAMUS/PROHIBITION ER Specify: R ETITURE GRAND JURY ATY Specify: ER Specify: ER Specify:

Rev: 1/09