

## Court of Appeals, Division One

### State of Arizona

<b>Filer Information</b>  Name: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____ Email: _____ <input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i>  Attorney for: _____ Law firm name: _____ State Bar number: _____	<i>For Court Use Only</i>
Appellant/Petitioner <i>(party who filed the appeal):</i>	Court of Appeals case number:  1 CA-
Appellee/Respondent <i>(party responding to the appeal):</i>	Court/agency appealed from:  Case number(s):
<b>Case Management Statement</b>	

File this form and a separate [Certificate of Service](#) in the Arizona Court of Appeals, Division One through [TurboCourt.com](https://www.turbo-court.com) or by mailing/delivering to 1501 W. Washington, Suite 203, Phoenix, AZ 85007. Give a copy of your completed form to every other party in this appeal.

For more information, see Arizona Rule of Civil Appellate Procedure [12\(d\)](#).

**Case Management Statement**

*(Attach additional sheets, if necessary, up to a total of 10 pages including this form.)*

1. On what date did you file the notice of appeal? \_\_\_\_\_

2. What is the date of the ruling you are appealing? \_\_\_\_\_

a. Is the ruling signed?

Yes No

b. For a civil or probate case, does the ruling have Civil Rule 54(b) or (c) language?

Yes No

c. For a family case, does the ruling have Family Law Rule 78(b) or (c) language?

Yes No

3. What is the basis for appellate jurisdiction? *(Check all that apply. If you are not sure, check other and say why.)*

Final judgment [A.R.S. § 12-2101(A)(1)]

Special order made after final judgment [A.R.S. § 12-2101(A)(2)]

Order ruling on a motion for new trial [A.R.S. § 12-2101(A)(5)(a)]

Order concerning an injunction or receivership [A.R.S. § 12-2101(A)(5)(b)]

Order in an estate, trust, guardianship, or conservatorship proceeding  
[A.R.S. § 12-2101(A)(9)]

Order concerning an arbitration proceeding or award [A.R.S. § 12-2101.01]

Ruling entered in an action to review an administrative agency decision  
[A.R.S. § 12-913]

Ruling entered in a forcible entry and detainer action [A.R.S. § 12-1182]

Other *(specify statute and explain)*: \_\_\_\_\_

4. Did any other party file a notice of appeal or notice of cross-appeal?

Yes No

If yes, fill in the table.

Party Name	Date Notice of Appeal / Cross-Appeal Filed

5. Did any party file a timely motion for (1) judgment as a matter of law; (2) additional or amended findings; (3) an altered or amended judgment; (4) new trial; or (5) relief from judgment?

Yes No

If yes, fill in the table.

Name of Motion	Date Filed	Ruling Date

6. List all the parties in the case from the superior court. If a party had an attorney, include the attorney's name. *(Attach additional sheets, if necessary.)*

Party Name	Attorney

7. If any party listed in #6 is **not** a party to this appeal, explain why not. *(Attach additional sheets, if necessary.)*

Party Name	Explanation

8. List all claims made by all parties in the superior court and how each claim was resolved. *(Attach additional sheets, if necessary.)*

9. What issues do you plan to raise in this appeal? *(Attach additional sheets, if necessary.)*

Issue #1	
Issue #2	
Issue #3	
Issue # 4	

10. You are responsible for ordering transcripts of any hearing or proceeding that you plan to rely on for your appellate argument. See ARCAP [11](#) and [11.1](#).

When will the transcripts be completed? *(Attach additional sheets, if necessary.)*

Hearing or Proceeding Date	Expected Transcript Completion Date

If you have not ordered transcripts, why not:

11. Are there other appeals, special actions, or petitions for review that involve the same superior court case, parties, events, or transactions as this appeal?

Yes No

If yes, fill in the table.

Case Name	Court and Case Number

**Contact Information - Filing Party**

*(For a joint statement from multiple appellants, list additional appellants on a separate sheet).*

Name of Party: \_\_\_\_\_

Counsel: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Check one:    \_\_\_ Appellant    \_\_\_ Cross-Appellant    \_\_\_ Appellee

**Contact Information - Other Party** (*List additional counsel/parties on separate sheet*).

Name of Party: \_\_\_\_\_

Counsel: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**REMEMBER:**

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