

Court of Appeal Third Appellate District	For Court Use Only
Appellate Case No: _____	
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)	
Telephone No: Attorney For:	
APPELLANT:	
RESPONDENT:	TRIAL COURT CASE NUMBER
APPELLANT'S CIVIL APPEAL MEDIATION STATEMENT	COUNTY: _____

1. Provide a concise statement of the case, including a brief procedural history and a recitation of facts material to disposition of the issues to be decided on appeal:

2. List the issues you expect to raise on appeal:

Date:

(Print or Type Name)

(Signature)

***A proof of service of this document on all counsel (or parties appearing without counsel), prior to filing, must be attached.

NOTES: Recognizing the appellate record has not yet been prepared and that counsel and parties may not yet be able to identify all appellate contentions, the Court will not deem an omission from this Statement to be a waiver or forfeiture of any claim on appeal.

This form is also online in fillable form at <https://appellate.courts.ca.gov/district-courts/3dca/court-programs/mediation-program>. Questions about the Court of Appeal Mediation Program should be directed to the Mediation Program Administrator at 916-643-7084. For general information about your appeal, please contact the Clerk's Office of the Court of Appeal, Third Appellate District, at 916-654-0209, or visit its web site at <https://appellate.courts.ca.gov/district-courts/3dca>; click on Court Programs, click on Mediation Program.