UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT
CIVIL APPEAL STATEMENT OF PARTIES AND ISSUES

CA NO: _____ CASE MANAGER: _____

CASE NAME: _____

Is this case a cross appeal? ☐ Yes ☐ No
Has this case or a related one been before this court previously? ☐ Yes ☐ No
If yes, state:
Case Name: _____ Citation: _____
Was that case mediated through the court's program? ☐ Yes ☐ No

Please Identify the Parties Against Whom this Appeal is Being Taken and the Specific Issues You Propose to Raise:

Please **fax** one copy of this statement to the Mediation Office at 513/564-7349 and **fax** one copy to the Clerk's Office at 513/564-7096. (If faxed, no hard copy will need to be sent to either office.)

This is to certify that a copy of this statement was served on opposing counsel of record this ____ **day of** _____, 2005 .

_____
Name of Counsel for Appellant

Rev. 3/05
6CA-53