



District of Columbia Court of Appeals
Washington, D. C. 20001

Civil Appeals Screening Statement

App. No. _____

Superior Ct. No. _____

1. Full caption: _____

2. Case type and a brief description of the facts that caused the initial dispute, including any injuries on which the claim for compensation is based, if applicable:

3. Nature of disposition below: **Attach a copy of the order(s) on appeal to this form.**

- | | |
|----------------------------|--------------------------|
| Bench trial | Dismissal |
| Jury verdict | Forum non conveniens |
| Summary judgment | Lack of jurisdiction |
| Grant/denial of injunction | Failure to state a claim |
| Default judgment | Failure to prosecute |
| Other (specify) _____ | |

4. State concisely the principal issue(s) in this appeal and the standard of review governing each:

5. Does this appeal present any new question of law? yes no
If yes, what is that question:

6. Nature of relief sought below:

Damages: Amount sought \$ _____ Amount received \$ _____

Injunctive relief: Temporary Preliminary Permanent
 Granted Denied

Declaratory relief: Granted Denied

Attorney fees: Amount sought \$ _____ Amount received \$ _____

7. Are there any factors that may influence the suitability of mediation?

I certify that the above information is accurate to the best of my knowledge.

Signature

Name _____

Bar No. _____

Address _____

Telephone No. _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of this screening statement was served by hand/mailed, first class postage prepaid, this _____ day of _____, 20 __, on the following:

Signature: _____