

(Revised effective January 2, 2004)
SCHEDULE OF FEES AND COSTS

(a) Filing notice of appeal in trial court	\$100
(b) Filing application for allowance of appeal, small claims and criminal (less than \$50 penalty)	10
If granted, docketing fee	40
(c) Filing petition for review	100
(d) For filing original applications or petitions	100
(e) For each photocopy supplied by the Clerk, per page50
(f) For a copy of each slip opinion of this Court	2
(g) Filing application for interlocutory appeal.....	100
(h) Preparing record for Supreme Court including certificate and seal	20
(i) For affixing a certificate and seal to any paper	5
(j) For certificate of good standing (D.C. Form).....	5
(k) For certificate of good standing (Out of State Form).....	10
(l) For engraved certificate evidencing admission to the Bar	40

APPENDIX OF FORMS

Form 1. Notice of Appeal (Tax, Civil, Family (Except Juvenile Cases), and Probate).

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
NOTICE OF APPEAL (____ CROSS APPEAL)
TAX, CIVIL, FAMILY (EXCEPT JUVENILE CASES) , AND PROBATE**

Superior Court Case Caption: _____

Superior Court Case No.: _____

- A.** Notice is given that (person appealing) _____ is appealing an order/judgment from the:
- Tax Division Civil Division Family Court Probate Division

1. Date of entry of judgment or order appealed from (if more than one judgment or order appealed, list all):

2. Filing date of any post-judgment motion: _____

3. Date of entry of post-judgment order: _____

4. Superior Court Judge: _____

5. Is the order final (*i.e.*, disposes of all claims and has been entered by a Superior Court Judge, not a Magistrate Judge)? YES NO

If no, state the basis for jurisdiction: _____

Has there been any other notice of appeal filed in this case: YES NO

If so, list the other appeal numbers: _____

6. If this case was consolidated with another case in this court, list the parties' names and the Superior Court case number: _____

- B.** Type of Case: Civil I Civil II Landlord and Tenant
 Neglect TPR Adoption Guardianship
 Mental Health Probate Intervention

C. Indicate Status of Case: Paid In Forma Pauperis CCAN

Was counsel appointed in the trial court? YES NO

D. Provide the names, addresses, and telephone numbers of all parties to be served. For persons represented by counsel, identify counsel and whom the counsel represents. For each person, state whether the person was a plaintiff or defendant in the Superior Court (use additional sheets of paper if necessary):

NAME	ADDRESS	PARTY STATUS (Plaintiff, Defendant)	TELEPHONE NOS.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Identify the portions of the transcript needed for appeal, including the date of the proceeding, the name of the Court Reporter (or state that the matter was recorded on tape if no Court Reporter was present), the courtroom where the proceeding was held, and the date the transcript was ordered, or a motion was filed for preparation of the transcript.* Attach additional pages if needed.

Date of Proceeding/Portion	Reporter/Courtroom	Date ordered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check this box if no transcript is needed for this appeal.

F. Person filing appeal:

<input type="checkbox"/> Plaintiff Pro Se	<input type="checkbox"/> Defendant Pro Se
<input type="checkbox"/> Third Party/Intervenor	<input type="checkbox"/> Counsel for Plaintiff
<input type="checkbox"/> Counsel for Defendant	

ATTACH A COPY OF THE ORDER, JUDGMENT OR DOCKET ENTRY FROM

* Appellant is responsible for ordering transcript(s) from the Court Reporting and Central Recording Division, Room 5500. If appellant has been granted In Forma Pauperis status, or had an attorney appointed by the Family Court, *and* transcript is needed for this appeal, appellant must file a Motion for Transcript in the Appeals Coordinator’s Office, Room 3148. That office number is (202) 879-1731. If that motion is granted, transcript will be prepared at no cost to appellant.

WHICH THIS APPEAL IS TAKEN

Print Name of Appellant/Attorney

Signature

Bar No.

Address

Telephone Number

Form 2. Notice of Appeal (Criminal Division and Family Court/Juvenile Branch).

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
NOTICE OF APPEAL
CRIMINAL DIVISION AND FAMILY COURT/JUVENILE AND
NEGLECT BRANCH**

Superior Court Case Caption: _____

Superior Court Case No.: _____

Appoint new counsel: _____ **Yes** (If trial counsel seeks appointment for the appeal, counsel must be on the Court of Appeals CJA list and file the required certification.)

A. Notice is given that (person appealing) _____ is appealing an order/judgment from the Criminal Division _____ (or) Family Court/Juvenile and Neglect Branch _____

{Please check one} Juvenile Felony Misdemeanor
 Traffic D.C. Case Special Proceedings
 Drug Court Domestic Violence

Date of entry of judgment or order appealed from (if more than one judgment or order is being appealed, list all): _____

Superior Court Judge: _____

Description of judgment or order: _____

Most serious offense at conviction: _____

Has there been any other notice of appeal filed in this case? YES NO

If so, list the other appeal numbers: _____

List any co-defendants and their Superior Court case number(s): _____

B. Jury trial _____ Bench trial _____ Other _____

C. Is the defendant currently confined? YES NO Defendant's DCDC # _____
or Fed# _____

Defendant's current address: _____

Was the defendant determined eligible for court-appointed (*i.e.* CJA) counsel:
 YES NO

- D.** Identify the portions of the transcript needed for appeal, including the date of the proceeding, the name of the Court Reporter (or an indication that the matter was recorded on tape if no Court Reporter was present), the courtroom where the proceeding was held, and the date the transcript was ordered (if the defendant was not determined to be eligible for court-appointed counsel), or when a motion was filed for preparation of the transcript.* Attach additional pages if needed.

Date of Proceeding/Portion	Reporter/Courtroom	Date ordered
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check this box if no transcript is needed for this appeal.

- E.** Provide the names and addresses of all parties and counsel to be served:

For Defendant/Respondent: _____

For Government: _____

- F.** Person filing appeal: Counsel for Government Defendant Pro Se
 Counsel for Defendant/Respondent

ATTACH A COPY OF THE ORDER, JUDGMENT OR DOCKET ENTRY FROM WHICH THIS APPEAL IS TAKEN

 Print Name of Appellant/Attorney Signature Bar No.

* Retained trial counsel must assist appellant in filing for In Forma Pauperis status or ensure that the Criminal Justice Act eligibility procedure has been conducted in the Superior Court (including Family Court), in order for transcript to be prepared at the government's expense. For further information, contact the Appeals Coordinator's Office at (202) 879-1731 or come to Room 3148.

Address

Telephone Number

Form 3. Application for Allowance of Appeal from the Small Claims and Conciliation Branch of the Civil Division.

DISTRICT OF COLUMBIA COURT OF APPEALS

Applicant

(Address)

No. _____

v.

Respondent

(Address)

**APPLICATION FOR ALLOWANCE OF APPEAL
FROM THE SMALL CLAIMS AND CONCILIATION BRANCH
OF THE CIVIL DIVISION OF THE
SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**

1. Applicant was the plaintiff (or) defendant in the case below and seeks to appeal the decision (ruling) entered on the _____ day of _____, 20____, in the Small Claims Branch in case number _____. The case below was captioned:

2. The decision was made by a: Judge Jury

3. The name of the trial judge. Please note that you may only seek review in this court of a final decision of a judge; if the decision was made by a magistrate judge you must first file for review by a judge in the Small Claims Division. _____

4. Description of case filed below (indicate the amount of judgment and why the lawsuit was filed): _____

5. The ruling made by the judge: _____

6. State why the Court of Appeals should accept this application. Specifically, state how the trial court erred in making its decision or what important issue the application raises that the Court of Appeals has not yet decided but should decide. State these points as simply and specifically as possible and include facts and evidence necessary for the court to consider them. Attach additional pages if necessary:

Applicant/Attorney (all but natural persons
representing themselves must be represented by
counsel)

Address

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have mailed a copy of this application, postage prepaid, to
_____ this _____ day of
_____, 20____.

Applicant/Attorney

Form 4. Application for Allowance of Appeal from the Criminal Division.

DISTRICT OF COLUMBIA COURT OF APPEALS

Applicant

(Address)

No. _____

v.

Respondent

(Address)

**APPLICATION FOR ALLOWANCE OF APPEAL
FROM THE CRIMINAL DIVISION OF THE
SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
(For use only where penalty is less than \$50)**

1. Applicant, being aggrieved by the judgment (order or sentence) entered on the ____ day of _____ 20__, in the Criminal Division of the Superior Court, case number _____, hereby applies for allowance of appeal from the District of Columbia Court of Appeals.
2. The offense charged is _____. Attach a copy of the information. A separate application must be filed for each charge.
3. The name of the trial judge. Please note that you may only seek review in this court of a final decision of a judge; if the decision was made by a magistrate judge, you must first file for review by a judge in the Criminal Division. _____
4. The applicant was found guilty and the penalty imposed was: _____

5. State why the Court of Appeals should accept this application. Specifically, state how the trial court erred in making its decision or what important issue the application raises

that the Court of Appeals has not yet decided but should decide. State these points as simply and specifically as possible and include facts and evidence necessary for the court to consider them. Attach additional pages if necessary:

Applicant/Attorney

Address

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that I have mailed a copy of this application, postage prepaid, to

this _____ day of _____, 20____.

Applicant/Attorney

Form 5. Petition for Review.

**DISTRICT OF COLUMBIA COURT OF APPEALS
PETITION FOR REVIEW**

Appeal No. _____

Petitioner

v.

Agency No.

Respondent (Agency)

I, _____, seek review by the District of Columbia Court of Appeals of the decision or order of _____ (agency) entered on the _____ day of _____, 20____.

Names, addresses, and telephone numbers of all other parties and their counsel who appeared in the agency (use additional pages if necessary): _____

Signature of Petitioner or Attorney
(all but natural persons representing themselves must be represented by counsel)

Printed Name of Petitioner or Attorney

Address

Telephone Number

NOTE: ATTACH A COPY OF THE DECISION/ORDER ISSUED BY THE DISTRICT OF COLUMBIA AGENCY FROM WHICH THE PETITION IS TAKEN.

Form 6. Information to Accompany Request for Relief from an Order of Detention (Rule 9).

Any request for relief from an order of detention under Rule 9 must be accompanied by a statement of counsel containing the following information regarding the person detained:

1. Name (including all aliases) and date and place of birth of the applicant;
2. Marital status of the applicant, the number and ages of children, and the extent to which each child is dependent upon the applicant for support (indicate date of each child's birth);
3. Health of the applicant, including any history of major physical or mental illness or of narcotics addiction, and any history of treatment for these disorders (indicate dates);
4. Present residence and length of residence of the applicant in the District of Columbia area, and previous places of residence within the last 5 years (indicate dates);
5. The names and addresses of relatives or other persons who might assist with regard to posting of bail, taking the applicant into custody, or providing financial support;
6. Present financial ability and means of support of the applicant, past, present, and prospective, including history of employment over the past 5 years (indicate dates, the nature of employment, and the names and addresses of employers);
7. Prior criminal record of the applicant, including all previous arrests, convictions, admissions to bail, releases on other conditions, probations, and paroles (indicate the nature of the offenses, the amounts of bail or conditions of release, any forfeitures of bail or revocations of release, parole, or probation, the final disposition of the cases, the names of the courts involved, and the relevant dates);
8. The nature of the offense or offenses presently charged or for which the applicant has just been convicted, or other basis for his or her present release or detention, such as narcotics addiction or classification as a material witness. Indicate the present status of the case including the dates of arrest, trial, and conviction, the expected completion date of the official transcript, and any other relevant dates;
9. The sentence, if any, which the applicant has received (indicate date);
10. The nature of the appeal (indicate whether the appeal is in forma pauperis and whether counsel has been appointed);
11. Where the applicant has been charged with, but not yet convicted of, an offense punishable by imprisonment, the reasons why in the applicant's view one or more conditions of release will reasonably assure that he or she will not flee or pose a danger to any other person or the community;
12. Where the applicant has been convicted of any offense, the reasons why he or she is not

likely to flee or pose a danger to any other person or to the property of others;

13. Where the applicant has been convicted and sentenced, and has appealed, the reasons why the appeal raises a substantial question of law or fact likely to result in a reversal or an order for a new trial; and

14. Any other pertinent information, arguments, or assurances.

Form 7a. Motion for Waiver of Prepayment of Court Fees and Costs.**DISTRICT OF COLUMBIA COURT OF APPEALS**_____,
Appellant

v.

Appeal No. _____

_____,
Appellee.**MOTION FOR WAIVER OF PREPAYMENT OF COURT FEES AND COSTS
(IN FORMA PAUPERIS)**

1. I am not able to pay any of the court fees and costs
 I am able to pay only the following court fees and costs (specify):

2. My current street or mailing address is:

3. My occupation, employer, and employer's address are (specify):

4. My spouse's occupation, employer, and employer's address are (specify):

5. No, I am not receiving financial assistance.
 Yes, I am receiving financial assistance under one or more of the following programs:
 - ___ SSI (Social Security Supplemental Income)
 - ___ General Assistance for Children
 - ___ AFDC (Aide to Families with Dependent Children)
 - ___ Medical Assistance

If you checked Yes on box 5, you must attach documents to verify receipt of the benefits; you may then skip item 6 and sign at the bottom of this form.

6. My income and available assets are not enough to pay for the common necessities of life for me and the people in my family whom I support, and also to pay court fees and costs. [If you check this box, you must complete the attached Financial Statement, Form 7b.]

Warning: You must immediately tell the court if you become able to pay court fees or costs during this action.

I declare under penalty of perjury that the information on this form and all attachments is true and correct:

Date:

(Type or print name)

(Signature)

Form 7b. Financial Information Statement.

DISTRICT OF COLUMBIA COURT OF APPEALS

**Financial Information Statement
(In Forma Pauperis)**

Applicant's Name _____

Case No. _____

1. MY MONTHLY INCOME

(If your pay changes considerably from month to month, each of the amounts reported in item 1 should be your average for the past 12 months.)

- a. My gross monthly pay is:..... \$
- b. My payroll deductions are (specify purpose and amount):
 - (1) \$
 - (2) \$
 - (3) \$
 - (4) \$

My TOTAL payroll deduction amount is: \$

c. My monthly take-home pay is (a. minus b.):..... \$

d. Other money I get each month is: (specify source and amount, include spousal support, child support, scholarships, retirement or pensions, social security, disability, unemployment, veterans payments, dividends, and net rental income)

- (1) \$
- (2) \$
- (3) \$

The total amount of other money is: \$

e. MY TOTAL MONTHLY INCOME IS (c. plus d.): \$

2. PERSONS LIVING IN MY HOME.

Number of persons living in my home:

Below list all persons living in your home, including your spouse, who depend in whole or in part on you for support or on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
1				\$
2.				\$
3.				\$
4.				\$
5.				\$

The TOTAL amount of income from others living in my home is..... \$ _____

3. **PROPERTY.** I own or have an interest in the following property:
- a. Cash: \$
 - b. Bank accounts: \$
 - c. Cars: \$
 - d. Stocks \$
 - e. Real estate (identify each property and note the fair market value and any loan balance):

 - f. Other personal property (describe below): \$

4. **MY MONTHLY EXPENSES.** My monthly expenses are the following:

- a. Rent/house payment & maintenance..... \$
- b. Food & household supplies..... \$
- c. Utilities and telephone..... \$
- d. Clothing..... \$
- e. Laundry and cleaning..... \$
- f. Medical/dental payments..... \$
- g. Insurance (life, health, accident)..... \$
- h. School and child care required for employment..... \$
- i. Court-ordered child or spousal support..... \$
- j. Transportation and auto expenses (insurance, gas, repair)..... \$
- k. Installment payments (specify purpose and amount)
 - (1) \$
 - (2) \$
 - (3) \$
- l. Amounts deducted due to wage assignments and earnings earnings withholding orders:..... \$
- m. Other expenses (specify):
 - (1) \$
 - (2) \$
 - (3) \$
- n. My Total monthly expenses are (add a. through m.) \$

5. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach a page labeled Attachment 5):

Form 8. Application for Admission Pro Hac Vice.

DISTRICT OF COLUMBIA
COURT OF APPEALS

[or]

SUPERIOR COURT OF
THE DISTRICT OF COLUMBIA

_____)	
Plaintiff/Appellant,)	APPLICATION FOR ADMISSION
)	PRO HAC VICE
v.)	
)	
_____)	
Defendant/Appellee.)	
_____)	

I declare under penalty of perjury:

(1) That I have not applied for admission pro hac vice in more than five cases in courts of the District of Columbia this calendar year;

(2) That I am a member in good standing of the highest court(s) of the State(s) of _____;
(state all states)

(3) That there are no disciplinary complaints pending against me for violation of the rules of the courts of those states;

(4) That I have not been suspended or disbarred for disciplinary reasons from practice in any court;

(5) That I am associated with _____

(name the D.C. Bar member under Super. Ct. Civ. R. 101;
and give his/her D.C. Bar Number)

(6) That I do not practice or hold out to practice law in the District of Columbia; and

Form 9. Certification of Practice Pro Bono Publico.

DISTRICT OF COLUMBIA
COURT OF APPEALS

[or]

SUPERIOR COURT OF
THE DISTRICT OF COLUMBIA

_____)	
Plaintiff/Appellant,)	CERTIFICATION OF PRACICE
)	PRO BONO PUBLICO
v.)	
)	
_____)	
Defendant/Appellee.)	
_____)	

I certify under District of Columbia Court of Appeals Rules 49 (c)(8) and 49 (c)(9):

1. That I am a member in good standing of the bar(s) of

2. That:

[_____] (a) Under Rule 49 (c)(9)(A), I am employed by or affiliated with a legal services or referral program and I am providing representation in this case without compensation; or

[_____] (b) Under Rule 49 (c)(9)(B), I am employed by or affiliated with the Public Defender Service, or a non-profit organization located in the District of Columbia proving services without fee or for a nominal processing fee; I submitted an application for admission to the District of Columbia Bar within ninety (90) days of commencing the practice of law in the District of Columbia; and I am practicing for a limited period under the supervision of an enrolled, active member of the D.C. Bar who is employed by or affiliated with the Public Defender Service or the non-profit organization; or

[_____] (c) Under Rule 49 (c)(9)(C), I am an officer or employee of the United States government, a member in good standing of the bars named above, and affiliated with an organization providing legal services without fee; and I am supervised by an enrolled, active member of the D.C. Bar who is employed by or affiliated with that organization; or

[_____] (d) Under Rule 49 (c)(8), I am practicing for a limited period from my principal office within the District of Columbia under the direct supervision of an enrolled, active member of the District of Columbia Bar, whose signature and Bar number appear below.

I understand, under Rule 49 (c)(9), that I am subject to the District of Columbia Rules of Professional Conduct and the enforcement procedures applicable thereto to the same extent as if I were an enrolled, active member of the District of Columbia Bar. I further understand that my conduct is subject to all authority of the courts in which I practice.

Signature of Certifier

Print Name

Date

Signature of Bar Member
under Rule 49 (c)(8)

Print Name

Bar Number