

**APPEAL**     **JOINT APPEAL**     **CROSS APPEAL**     **AMENDED APPEAL**     **CORRECTED FORM**

JD-SC-33 Rev. 7-16  
P.B. Sections 3-8, 60-7, 60-8, 62-7, 62-8, 63-3, 63-4, 63-10  
C.G.S. Sections 31-301b, 51-197f, 52-470

*All appeals must be filed electronically unless an exemption from the requirements of electronic filing has been granted or you are an incarcerated self-represented party. For further information about e-filing or this form, see the Appeal Instructions, form JD-SC-34.*

To Supreme Court     To Appellate Court

Name of case (State full name of case)

Type of appellate matter

<b>Trial Court History</b>	Tried to		Trial court location		
	Trial court judges being appealed		List all trial court docket numbers, including location prefixes		
	All other trial court judges who were involved with the case		Judgment for (Where there are multiple parties, specify those for whom judgment was rendered)		
	Date of judgment(s) or decision(s) being appealed		Date of issuance of notice on any order on any motion that would render judgment ineffective	Date for filing appeal extended to	
	Case type		For Juvenile Cases <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Order of Temporary Custody		
	For Civil/Family Case Types, Major/Minor code:		<input type="checkbox"/> Other _____		

<b>Appeal</b>	Appeal filed by (Party name(s))			
	From (the action that constitutes the appealable judgment or decision)			
	If this appeal is taken by the State of Connecticut, provide the name of the judge who granted permission to appeal and the date of the order			
	Statutory Basis for Appeal to Supreme Court			
	By (Signature of counsel of record)		Telephone number	Fax number

<b>Appearance</b>	Type name and address of counsel of record filing this appellate matter (This is your appearance; see Practice Book Section 62-8)		E-mail address	
	<input type="checkbox"/> "X" one if applicable Counsel or self-represented party who files this appeal will be deemed to have appeared <b>in addition to</b> counsel of record who appeared in the trial court. <input type="checkbox"/> Counsel or self-represented party who files this appeal is appearing <b>in place of:</b>		Name of counsel of record	Juris number (If applicable)

<b>Certification</b>	I certify that a copy of the appeal form I am filing will immediately be delivered to each other counsel of record and I have included their names, addresses, e-mail addresses and telephone and facsimile numbers; the appeal form has been redacted or does not contain any names or other personal identifying information that is prohibited from disclosure by rule, statute, court order or case law; and the appeal form complies with all applicable rules of appellate procedure in accordance with Practice Book Sections 62-7 and 63-3.			
	Date to be delivered _____		If this appeal is a criminal or habeas corpus matter, I certify that a copy of this appeal form will immediately be delivered to the Office of the Chief State's Attorney Appellate Bureau. Date to be delivered _____	
If you have an exemption from e-filing under Practice Book Section 60-8, attach a list with the name, address, e-mail address, telephone number, and facsimile number of each counsel of record and the address where the copy was delivered.		Signed (Counsel of record)	Date signed	

<b>Required Documents</b>	To be filed with the Appellate Clerk within ten days of the filing of the appeal, if applicable. See Practice Book Section 63-4.			
	1. Preliminary Statement of the Issues 2. Court Reporter's Acknowledgment or Certificate that no transcript is necessary 3. Docketing Statement		4. Statement for Preargument Conference (form JD-SC-28A) 5. Constitutionality Notice 6. Sealing Order form, if any	

<input type="checkbox"/> Entry Fee Paid <input type="checkbox"/> No Fees Required <input type="checkbox"/> Fees, Costs, and Security waived by Judge (enter Judge's name below)			<i>Court Use Only</i> Date and time filed
Judge		Date waived	