

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

JD-SC-33 Rev. 11-21
P.B. Sections 3-8, 60-7, 60-8, 62-7, 62-8, 63-3, 63-4, 63-10, 72-3
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 (If a writ of error, the writ and the signed marshal's return must be filed on the same business day as this form. See Practice Book Section 72-3.)

Trial Court History	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 _____	

Appeal	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

Appearance	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	
	"X" one if applicable <input type="checkbox"/> Counsel or self-represented party who files this appeal will be deemed to have appeared in addition to counsel of record who appeared in the trial court. <input type="checkbox"/> Counsel or self-represented party who files this appeal is appearing in place of:		Name of counsel of record	

Certification	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 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 _____	

Required Documents	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		4. Docketing Statement	

<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)			Court Use Only Date and time filed
Judge	Date waived		