

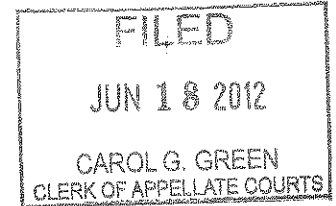
IN THE SUPREME COURT OF THE STATE OF KANSAS

ORDER

SUPREME COURT RULES FORMS

**RULES RELATING TO DISTRICT COURT
AND**

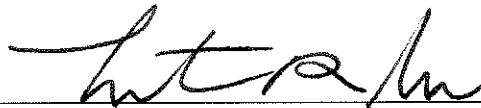
**RULES RELATING TO SUPREME COURT,
COURT OF APPEALS, AND APPELLATE PRACTICE**



The attached Supreme Court Rules forms are hereby adopted, effective July 1, 2012, and will be posted on the Judicial Council's website: <http://www.kansasjudicialcouncil.org>.

BY ORDER OF THE COURT this 18 day of June, 2012.

FOR THE COURT



Lawton R. Nuss
Chief Justice

Attachment

JUDICIAL COUNCIL FORMS

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IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

In the Matter of the _____)
(Guardianship)(Conservatorship) of _____)
_____)
_____)

Case No. _____

Proceeding Pursuant to K.S.A. Chapter 59

ANNUAL FINAL REPORT ON THE CONDITION
OF THE GUARDIAN'S WARD

From _____, 20__ to _____, 20__

Name	Address
City & Zip Code	Telephone Number

as guardian in the above-entitled estate, submits the following (annual) (final) report on the condition of:

Name

Year of Birth

1. The ward resided at the following places during the reporting period:

_____	_____	_____
(address)	(type of residence)	(length of stay)

2. State the approximate number of times the guardian has had contact with the ward, the nature of such contacts, and the date the ward was last seen by the guardian:

3. Summarize the medical, social, educational, vocational and other professional services received by the ward during the reporting period:

4. If the ward is institutionalized, the results of an investigation into the nature and appropriateness of the ward's care and treatment are as follows:

5. What changes in the mental or physical condition of the ward has the guardian observed?

6. What major problems relating to the guardianship, if any, have arisen during the reporting period?

7. In the opinion of the guardian, does the guardianship need to continue, and is it necessary to increase or decrease the powers of the guardian?

8. State compensation requested and expenses incurred by the guardian:

9. What circumstances, if any, have arisen during the reporting period that could constitute a conflict of interest between the guardian and ward?

10. Other information required by the court is: _____

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on _____, 20__.

Guardian

IN THE _____ JUDICIAL DISTRICT
 DISTRICT COURT OF _____ COUNTY, KANSAS

In the Matter of the _____)
 (Guardianship)(Conservatorship) of)
 _____)
 _____)
 Proceeding Pursuant to K.S.A. Chapter 59

Case No. _____

ANNUAL FINAL ACCOUNTING

Name	Address
City & Zip Code	Telephone Number

conservator in the above-entitled estate and submits the following (annual) (final) accounting in the conservatorship of

Name	Address, City & Zip Code
_____ for the period from _____, 20__ to _____, 20__.	
Year of Birth	

I. Statement of Receipts and Disbursements

RECEIPTS

(Attach additional sheets if necessary).

DATE	RECEIVED FROM	EXPLANATION	AMOUNT
	Balance Carried Forward		\$
		TOTAL RECEIPTS (Including balance carried forward)	\$

PERSONAL PROPERTY

1. Financial Institution Accounts

Description	Amount
(a) Checking	\$ _____
(b) Savings	\$ _____
(c) Certificates of Deposit	\$ _____
(d) Other	\$ _____

2. Stocks & Bonds

Description	Fair Market Value
	\$ _____

3. Other Personal Property

Description	Fair Market Value
	\$ _____

Total Personal Property \$ _____

Total Real Estate and Personal Property \$ _____

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct. Executed on _____, 20____.

Conservator

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

In the Interest of

Case No. _____

ORDER APPOINTING GUARDIAN AD LITEM

On the _____ day of _____, 20____, the court orders that _____, an attorney in _____ County, Kansas, who is qualified under Kansas Supreme Court Rule 110A, is hereby appointed as guardian *ad litem* for the above-named minor.

1. The guardian *ad litem* must be served with a copy of any pleading or other paper filed in this case.
2. The guardian *ad litem* must comply with Kansas Supreme Court Rule 110A.
3. On presentation of a certified copy of this Order to any agency, organization, person or office — including the clerk of this court, any school personnel, any drug or alcohol treatment provider, any police department or other law enforcement agency, any pediatrician, psychologist, psychiatrist, hospital, mental health treatment facility or other medical or mental health care provider or any social worker or social welfare agency — the agency, organization, person or office to which the Order is presented may communicate orally or in writing with the guardian *ad litem* about any records or treatment relating to the minor child and/or the minor child’s parents, and the agency, organization, person or office aforementioned must permit the guardian *ad litem* to inspect and copy the records. The guardian *ad litem* must keep confidential any information received from the agency, organization, person or office and may not disclose the information except in reports to the court or as otherwise permitted by the Revised Kansas Code for Care of Children, K.S.A. 38-2201 *et seq.*
4. The guardian *ad litem* is vested with all powers, privileges, and responsibilities necessary for the full and effective performance of the duties and obligations to the minor child as set forth in this Order.

Judge

[CAPTION]

NOTICE OF LIMITED ENTRY OF APPEARANCE

Pursuant to Supreme Court Rule 115A, the undersigned attorney hereby enters a limited appearance on (date) for (name of client), (petitioner/respondent/plaintiff/defendant) in this case.

1. This attorney, (name) and the (petitioner/respondent/plaintiff/defendant) have executed a written agreement whereby the attorney will provide limited representation to the (petitioner/respondent/plaintiff/defendant) .

2. This attorney's appearance in this case is limited in scope to the following matter(s):

[Identify all matter(s) that are applicable and provide a detailed description of services, including any scheduled appearances, as needed.]

3. This attorney is Attorney of Record and available for service of a document ONLY for the court events described above. For all other matters, the party must be served directly, unless otherwise ordered by the court. Service on this attorney for any issue not named above shall not be deemed service on the party. **The party's name and, unless it is confidential, address where service will be accepted are provided below for that purpose.**

4. A party or the party's counsel may contact the party represented by this attorney directly regarding matters outside the scope of this limited representation without first consulting this attorney.

5. This attorney's representation of (petitioner/respondent/plaintiff/defendant) will terminate after an order or journal entry resolving the matter subject to limited representation has been filed and a Notice of Withdrawal of Limited Appearance has been filed and served on the client and parties.

(Attorney's Signature)

Attorney's Name
Supreme Court Number
Address
Telephone Number
[Fax Number]
[E-mail Address]

Party's Name
*Address
*Telephone Number
*[Fax Number]
*[E-mail Address]

*Provide if nonconfidential

CERTIFICATE OF SERVICE

The undersigned certifies that on the ____ day of _____, 20____, a copy of the above Notice of Limited Entry of Appearance was served as follows:

[List name and nonconfidential address of each person served].

(Signature)

CERTIFICATE OF SERVICE

The undersigned certifies that on the ____ day of _____, 20____, a copy of the above Notice of Withdrawal of Attorney on Conclusion of Limited Appearance was served as follows:

[List name and nonconfidential address of each person served].

(Signature)

FAX TRANSMISSION SHEET

DATE: _____

TO: Clerk of the District Court, _____ County

FAX Number: () _____ - _____

Case Number: _____

Caption: _____

vs.

FROM: Attorney (Name and Address)

Kansas Attorney Registration Number: _____

Telephone Number: () _____ - _____

Fax Number: () _____ - _____

E-mail address: _____

Attorney for (Name of Party): _____

1. Please file the following transmitted document. NOTE: Document length is limited to 10 pages. A fax transmission sheet must separate each document filed.

Document Name

No. of Pages

2. Docket Fee \$ _____ Other \$ _____
(Describe)

FAX TRANSMISSION SHEET – Page 2

Use this page only if submitting debit or credit information.

CONFIDENTIAL

DO NOT retain this page in the case file.

I authorize the above fees to be charged to the following account:

- | | | |
|-----------------------------------|---|------------------------|
| <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD | Account No. _____ |
| <input type="checkbox"/> DISCOVER | <input type="checkbox"/> AMERICAN EXPRESS | Expiration Date: _____ |

(Type or Print Name of Cardholder)

(Signature of Cardholder)

DECLARATION OF TRANSMISSION BY FAX

I, (name of sender), transmitted the following document by fax:

to: _____

at fax number: _____

The fax machine I used reported no error in transmission.

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed on (date).

Sender's Signature



For Office Use Only

CIVIL INFORMATION SHEET

The civil information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the civil docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

NATURE OF SUIT (Click or mark in one circle only - If the case involves more than one of the following categories, indicate the category having the highest dollar value)

CIVIL If a CH. 61: \$ _____ (Judgment Demand Amount)

TORT <input type="radio"/> Asbestos Product Liability <input type="radio"/> Automobile Tort <input type="radio"/> Intentional Tort <input type="radio"/> Legal Malpractice <input type="radio"/> Medical Malpractice <input type="radio"/> Other Professional Malpractice <input type="radio"/> Premises Liability <input type="radio"/> Slander/Libel/Defamation <input type="radio"/> Tobacco Product Liability <input type="radio"/> Toxic/Other Product Liability <input type="radio"/> Other Tort	CONTRACT <input type="radio"/> Buyer Plaintiff <input type="radio"/> Employment Dispute - Discrimination <input type="radio"/> Employment Dispute - Other <input type="radio"/> Fraud <input type="radio"/> Landlord/Tenant - Unlawful Detainer <input type="radio"/> Landlord/Tenant Dispute - Other <input type="radio"/> Seller Plaintiff (debt collection) <input type="radio"/> Other Contract CIVIL APPEALS <input type="radio"/> Administrative Agency <input type="radio"/> Other Civil Appeal	REAL PROPERTY <input type="radio"/> Eminent Domain <input type="radio"/> Mortgage Foreclosure <input type="radio"/> Other Real Property MISCELLANEOUS <input type="radio"/> 60-1507 <input type="radio"/> Habeas Corpus <input type="radio"/> Other Writs <input type="radio"/> OTHER CIVIL <input type="radio"/> SMALL CLAIMS	<input type="radio"/> STATE TAX WARRANT
--	---	---	---

DOMESTIC

MARRIAGE DISSOLUTION/DIVORCE
 PROTECTION FROM ABUSE
 PROTECTION FROM STALKING
 UIFSA
 OTHER DOMESTIC RELATIONS
 NON-DIVORCE SUPPORT, CUSTODY OR VISITATION
 PATERNITY

PROBATE/ESTATE

GUARDIAN /CONSERVATOR
 DETERMINATION OF DESCENT
 ELDER ABUSE
 ADOPTION
 Conservatorship/Trusteeship
 SEXUALLY VIOLENT PREDATOR
 OTHER PROBATE / ESTATE
 Guardianship - Adult
 DECEDENT ESTATE
 CARE AND TREATMENT
 Guardianship - Minor
 Guardian/Conservator - Adult
 Guardian/Conservator - Minor

JURY DEMAND YES (Check yes only if jury demand is included in petition or as a separate pleading) NO

SUMMONS ATTACHED: YES NO

SERVICE BY: PROCESS SERVER/ATTORNEY SHERIFF IN STATE _____ County SHERIFF OUT OF STATE _____ State

SHERIFF'S PROCESS FEE ATTACHED YES NO

PLAINTIFF / SUBJECT INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____
 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

DEFENDANT / OTHER PARTY INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____
 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number

ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:
(Name) (Date of Birth) (Social Security Number)

_____	_____	_____
_____	_____	_____
_____	_____	_____

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL CIVIL PARTY INFORMATION

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

PLTF/SUB/DEF/OTHER PTY INFORMATION (CIRCLE ONE)
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____
 ADDRESS: _____

 PHONE: _____ SEX: _____
 SSN: _____ DOB: _____
 DL OR STATE ID NO: _____
State and Number
 ALIAS NAMES USED: _____

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

FOR DOMESTIC CASES - NAME, DATE OF BIRTH AND SOCIAL SECURITY NUMBER OF EACH DEPENDENT CHILD:

<small>(Name)</small>	<small>(Date of Birth)</small>	<small>(Social Security Number)</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The requirement that Social Security numbers be included on domestic cases is mandatory, and authorized by the Supreme Court and federal law. On non-domestic cases, the Social Security number is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

For Office Use Only

CRIMINAL INFORMATION SHEET

The criminal information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the criminal docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

DEFENDANT'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

DEFENDANT'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

PHONE: _____ SEX: _____

DL OR STATE ID NO: _____

State and Number

SSN: _____ DOB: _____

RACE: White Black Asian American Indian/Alaskan
 Pacific Island Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

ALIAS NAMES USED:

KDR Transaction Number _____

COMPLAINT INFORMATION

VIOLATION DATE: _____

OFFICER: _____

OFFICER NO: _____

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

The requirement that Social Security numbers be included on criminal cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.



For Office Use Only

JUVENILE INFORMATION SHEET

The juvenile information sheet neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Clerk of the District Court for the purposes of initiating the juvenile docket sheet. This information will not be available to the public and this document will be stored in a separate location from the case file and then destroyed within a reasonable time. A new case **will not be accepted** without a cover sheet attached. (THIS FORM MUST BE TYPED OR PRINTED LEGIBLY). This form can be found at www.kscourts.org.

JUVENILE

NATURE OF SUIT (Click or mark in one circle only)

JUVENILE OFFENDER

CHILD IN NEED OF CARE

Abuse Neglect Dependent (no fault)

Termination of Parental Rights Other Dependency/Child Victim Status Offense/Petition

CHILD'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RACE: White Black Asian American Indian/Alaskan
 Pacific Island Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown

SEX: _____

ALIAS NAMES USED:

KDR Transaction Number _____

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

SEX: _____

ALIAS NAMES USED:

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

OTHER PARTY'S INFORMATION
(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____
State and Number

SSN: _____ DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

ATTORNEYS (if known)
(Firm Name, Address, Telephone Number and Supreme Court ID Number)

The requirement that Social Security numbers be included on juvenile cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

ADDITIONAL JUVENILE PARTY INFORMATION

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

OTHER PARTY'S INFORMATION

(ATTACH ADDITIONAL SHEET, IF NECESSARY)

NAME: _____

ADDRESS: _____

DL OR STATE ID NO: _____

SSN: _____ State and Number DOB: _____

RELATIONSHIP TO CHILD: Custodian Foster Parent(s)
 Grandparent(s) Guardian Parent Other

PHONE: _____ SEX: _____

ALIAS NAMES USED:

ATTORNEYS (if known)

(Firm Name, Address, Telephone Number and Supreme Court ID Number)

The requirement that Social Security numbers be included on juvenile cases is not mandatory. The number is used for purposes of identification and may be disclosed as permitted by law. This form is not considered to be a public record.

IN THE DISTRICT COURT OF _____ COUNTY, KANSAS

You have been selected to serve as a juror in the District Court of _____ County. Kansas law requires you to answer the questions on this form and return it in the enclosed addressed, stamped envelope within the next seven days. The juror questionnaire is not a public record and is only made available to court personnel and the attorneys and parties to the case being tried. Your cooperation and willingness to serve as a juror are appreciated.

Americans with Disabilities Act Notice

It is Judicial Branch policy to comply with the Americans with Disabilities Act. If you have questions or concerns about jury service or if you are a person with a disability needing a reasonable accommodation to serve on a jury, please contact the court clerk promptly after receiving the summons. The clerk may be contacted in person or by mail at: [address]; by email at _____; by telephone at (XXX) XXX-XXXX; or via the Kansas Relay Center at (XXX) XXX-XXXX.

Judge _____, Division I
 Judge _____, Division II
 (Insert names of judges of judicial district)

JUROR QUESTIONNAIRE

1. Name _____ Age _____
 First Second (or initial) Last
2. Home Address _____
 Residence Phone No. _____ Business Phone No. _____
 Cell Phone No. _____
3. Years of Residence: In Kansas _____ In this County _____
 Is your home address in [this or name of] County? Yes ___ No ___
4. Former Residence _____
5. Marital Status: (Married, Single, Divorced or Widowed) _____
 Number and ages of any children _____
6. Name and occupation of your husband, wife, or domestic partner _____
7. Your Occupation _____
 If not self-employed, name of employer _____
8. If you are not now employed, give your last occupation and employer _____
9. Have you ever served on a jury? Yes ___ No ___
 Have you served as a juror in this county within the last year? (Answer "Yes" if you were selected as a juror or were summoned and appeared, even if not selected)-
 Yes ___ No ___
10. Have you or any member of your immediate family been a party to any civil or criminal lawsuit? Yes ___ No ___ (Attach a separate sheet if more space is needed)
 A. If so, what type of lawsuit was it? _____

B. When and where did it occur? _____

C. Who in your family was involved in this lawsuit? _____

11. Have you been convicted or pleaded guilty or *nolo contendere* ("no contest") to a felony within the last ten years? Yes ___ No ___
If so, state when and where this conviction or plea took place _____

12. Has any court ever found you to be incompetent or incapacitated? Yes ___ No ___
A. If your answer to this question is "Yes," state where and when this took place. _____

B. If competence or capacity has been restored, give the date. _____

13. Do you drive an automobile? Yes ___ No ___
If your answer is "No," is transportation available for you to get to court?
Yes ___ No ___

14. Are you currently a breastfeeding mother? Yes ___ No ___
If "Yes," please state the approximate date you anticipate breastfeeding will be discontinued: _____

15. Are you related to or a close friend of any law enforcement officer? Yes ___ No ___

16. Please state the extent of your education and vocational training: _____

I affirm that the answers I have given to the above questions are true and correct.

Signature

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT)

Case No. _____

PETITION
(Pursuant to K.S.A. 65-6705; Supreme Court Rule 173)

The Petitioner, _____, for her cause of action alleges and states as follows:

(Check all that apply)

- _____ 1. This petition is submitted pursuant to K.S.A. 65-6705.
NO DOCKET FEE IS REQUIRED FOR THIS PROCEEDING.
- _____ 2. I am pregnant.
- _____ 3. I am under eighteen (18) years of age.
- _____ 4. I do not want my parents or legal guardian to submit a written consent to my receiving an abortion.
- _____ 5. I have received the pregnancy information and counseling required by statute.
- _____ 6. I have never been married.
- _____ 7. I have not been freed by a court order or otherwise from the care, custody and control of my parents or legal guardian.
- _____ 8. My doctor does not believe that an emergency exists that threatens my health, safety or well being so as to require an abortion.
- _____ 9. I am mature and well informed enough to make the decision on my own, and/or it would not be in my best interests for either my parents or legal guardian to have to submit a written consent.
- _____ 10. I understand that the court will appoint an attorney to represent me at no cost.
- _____ 11. I _____ have _____ have not (check one) filed a petition for waiver of the written consent requirement during this pregnancy in another district court of the State of Kansas.

I request a judgment that I be allowed to make the abortion decision on my own and that the court order that it is not necessary that my parents or legal guardian submit a written consent to my decision to have an abortion.

Petitioner

Affidavit of Adult Representative (Optional)

The minor named above has requested that the undersigned, _____, file the petition on her behalf as her adult representative. I certify that I am at least eighteen (18) years of age, that I have read the foregoing petition and that to best of my knowledge, information and belief all of the statements in the petition are true and correct.

I request that the relief sought above be granted to the minor.

On behalf of the minor named above

Verification

I verify under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20_____.

Signature of Minor or her Adult
Representative

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT)

Case No. _____

INSTRUCTIONS FOR DELIVERY OF ORDER

The petitioner requests the final order in this matter be delivered to her in the following manner:

(Check all that apply)

_____ The clerk must mail or otherwise deliver a copy to the minor's attorney.

_____ The clerk must mail or otherwise deliver a copy to the person whose name and address appears below:

_____ The petitioner will personally obtain a copy of the order from the clerk.

Petitioner

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT)

Case No. _____

ORDER SCHEDULING HEARING AND APPOINTING COUNSEL

The above-entitled matter is set for hearing at _____ M. on the _____ day of _____, 20____, in Division _____.

The court appoints _____ as attorney for the minor.

This is so ordered on this _____ day of _____, 20____.

JUDGE OF THE DISTRICT COURT

BY ORDER OF THE COURT, THIS ___ DAY OF _____, 20__.

JUDGE OF THE DISTRICT COURT

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT) Case No. _____

ORDER

On the _____ day of _____, 20____, the court orders the Petition for
Waiver of Written Consent is:

_____ granted _____ denied

Certified copies must be mailed to _____, the abortion provider, and
delivered to:

_____ the petitioner

_____, the adult chosen by the petitioner to bring this action

IT IS SO ORDERED BY THIS COURT.

JUDGE OF THE DISTRICT COURT

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT) Case No. _____

CLERK’S CERTIFICATE OF DELIVERY AND MAILING

On the _____ day of _____, 20____, I have personally delivered certified copies of the Order in the above captioned matter to:

_____ the petitioner

_____ , the adult chosen by the petitioner to bring this action

I have mailed a certified copy of the Order to the following abortion provider:

(Clerk of the Court) (Deputy Clerk)

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

IN THE MATTER OF THE PETITION OF JANE DOE)
FOR WAIVER OF WRITTEN CONSENT)

Case No. _____

NOTICE OF APPEAL
(Pursuant to K.S.A. 65-6705)

The petitioner appeals the order denying waiver of the consent required by K.S.A. 65-6705, dated the _____ day of _____, 20____. A copy of the judge's decision is attached to this notice.

Attorney for Appellant
Kansas Attorney Registration Number
Address
Telephone
Fax number
E-mail address

Pursuant to Supreme Court Rule 173, the attorney must file a copy of this notice, along with a copy of the district court's decision, with the clerk of the district court and the clerk of the appellate courts. Appellate procedure is governed by Supreme Court Rule 10.01.

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

PERSONS IN CUSTODY

Full name of Movant

Prison Inmate Number

Case No.: _____
(To be supplied by the Clerk of the District Court)

vs.

STATE OF KANSAS, *Respondent*.

INSTRUCTIONS—READ CAREFULLY

For this motion to be considered by the district court, you must submit it in writing (legibly handwritten or typewritten), set forth concise answers to each applicable question, and sign under penalty of perjury. If necessary, you may finish the answer to a particular question on the reverse side of the page or on an additional blank page. You must make clear the question to which a continued answer refers.

Since this motion must be subscribed as true under the penalty of perjury, any false statement of a material fact in this motion may serve as the basis of prosecution and conviction for perjury. You, therefore, should exercise care to assure that all answers are true and correct.

If you request permission to file this motion without paying the docket fee and other costs of the proceeding, you must include as an attachment at the back of this form:

1. a poverty affidavit showing your inability to pay the full costs of the proceedings; and
2. a certified inmate account statement setting forth the lesser of the average account balance or total deposits in your inmate trust fund for the six-month period preceding the filing of this motion or the current period of incarceration, whichever is shorter.

The court will determine the initial fee to be assessed for filing the action, but in no event will the court require an inmate to pay less than \$3. The poverty affidavit applies only to the amount that must be paid to file the case and does not prevent the court from later assessing the remainder of the docket fee or other fees and costs against the petitioner.

When the motion is completed, *the original and one copy* must be mailed to the Clerk of the District Court from which petitioner was sentenced.

MOTION

1. Place of detention _____
2. Name and location of the court which imposed the sentence _____

3. The case number and the offense or offenses for which sentence was imposed:

<u>Case Number</u>	<u>Offense</u>
--------------------	----------------
4. The date upon which sentence was imposed and the terms of the sentence:

<u>Date</u>	<u>Length of Sentence</u>
-------------	---------------------------
5. Check whether a finding of guilty was made after a plea of:

(a) guilty _____
(b) not guilty _____

or (c) no contest _____
6. If you were found guilty after a plea of not guilty, check whether that finding was made by

(a) a jury _____

or (b) a judge without a jury _____
7. Did you appeal from the judgment of conviction or the imposition of sentence?

8. If you answered "yes" to (7), list

(a) the name of each court to which you appealed:
i. _____
ii. _____
(b) the result in each court to which you appealed and the date of the court's decision:
i. _____
ii. _____
9. If you answered "no" to (7), state your reasons for not appealing:

(a) _____

(b) _____

(c) _____

10. State concisely all the grounds on which you base your allegation that you are being held in custody unlawfully:

(a) _____

(b) _____

(c) _____

11. State concisely and in the same order the facts which support each of the grounds set out in (10), and the names and addresses of the witnesses or other evidence upon which you intend to rely to prove those facts:

(a) _____

(b) _____

(c) _____

12. Prior to this motion have you filed, with respect to this conviction:

(a) any petitions in state or federal courts for habeas corpus? _____

(b) any petitions in the United States Supreme Court for certiorari other than petitions already specified in (8)? _____

(c) any other petitions, motions, or applications in this or any other court?

13. If you answered "yes" to any part of (12), list with respect to each petition, motion, or application:

(a) the specific nature of the petition, motion, or application:

i. _____

ii. _____

iii. _____

(b) the name and location of the court in which it was filed:

i. _____

ii. _____

iii. _____

(c) the disposition thereof and the date of the disposition:

i. _____

ii. _____

- iii. _____
- (d) if known, citations of any written opinions or orders entered pursuant to each such disposition:
 - i. _____
 - ii. _____
 - iii. _____

14. Has any ground set forth in (10) been presented previously to this or any other court, *state or federal*, in any petition, motion, or application that you have filed?

15. If you answered "yes" to (14), identify
- (a) the grounds previously presented:
 - i. _____
 - ii. _____
 - iii. _____
 - (b) the proceedings in which each ground was raised:
 - i. _____
 - ii. _____
 - iii. _____

16. If any ground set forth in (10) has not been presented previously to any court, *state or federal*, set forth the ground and state concisely the reasons why the ground has not been presented previously:

- (a) _____

- (b) _____

- (c) _____

17. Were you represented by an attorney at any time during the course of
- (a) your preliminary hearing? _____
 - (b) your arraignment and plea? _____
 - (c) your trial, if any? _____
 - (d) your sentencing? _____
 - (e) your appeal, if any, from the judgment of conviction or the imposition of sentence?

 - (f) preparation, presentation, or consideration of any petition, motion, or application that you filed regarding this conviction?

18. If you answered "yes" to one or more parts of (17), list

- (a) the name and address of each attorney who represented you:

- i. _____
- ii. _____
- iii. _____

(b) the proceedings at which the attorney represented you:

- i. _____
- ii. _____
- iii. _____

(c) whether the attorney was:

- i. appointed by the court? _____; or
- ii. of your own choosing? _____

19. If your motion is based on the district court's refusal to appoint you counsel, attach the transcript of the proceedings which supports your allegation.

20. If your motion is based on the failure of counsel to represent you adequately, state concisely and in detail what counsel failed to do in representing your interests:

(a) _____

(b) _____

21. Are you now serving a sentence from any other court that you have not challenged? _____

22. Are you seeking permission to proceed *in forma pauperis*? _____ If so, have you attached the completed affidavit and certified inmate account statement (see instructions, page 1 of this form)? _____

I, _____, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____.

Signature of Movant

POVERTY AFFIDAVIT
(See instructions on page 1 of this form)

In the District Court of _____ County, Kansas:

I do solemnly swear or affirm that the claim set forth in the motion is just, and I do further swear or affirm that, by reason of my poverty, I am unable to pay the full amount of the docket fee.

I, _____, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__.

Signature of Movant

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

_____,)
Plaintiff,)
v) Case No. _____
_____,)
Defendant.)

PROFFER OF SATISFACTION OF MONEY JUDGMENT
(Pursuant to Supreme Court Rule 186)

The Judgment Debtor submits this computation of the amount which will satisfy the money judgment entered in this case on _____, 20__, in the amount of \$ _____ plus costs of \$ _____ and interest at the rate of _____%.

The Judgment Debtor proffers that the amount required to satisfy the judgment as of _____, 20__, is \$ _____ in principal including costs, \$ _____ in interest, with \$ _____ interest per day thereafter until paid. (Computation attached).

The Judgment Creditor must file any objections with the Clerk of the District Court not later than 14 days after service of this notice. An objection must include the amount of judgment and interest due and owing as calculated by the Judgment Creditor.

If no objection is received by _____, 20__, payment of the amount of principal and interest stated in this proffer will satisfy the judgment.

Date: _____ (Signature) _____

CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the above Proffer of Satisfaction of Money Judgment was served on all interested parties in this action on the ____ day of _____, 20__, as follows:

(List name and address of each party served.)

(Signature of attorney or judgment debtor)

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

_____,)
Plaintiff,)
v)
_____,)
Defendant.)

Case No. _____

Proceeding Pursuant to K.S.A. [Chapter 60] [Chapter 61]

BILL OF COSTS

Judgment having been entered in this action on _____ against
_____, the clerk is requested to tax the following as costs, pursuant to
K.S.A. 60-2002(c) [and 61-4002]:

Docket fee, as provided in K.S.A. [60-2001] [61-4001]. \$ _____

Mileage, fees, and other allowable expenses of the sheriff, other officer,
or private process server incurred in the service of process or in
effecting any authorized provisional remedy. \$ _____

Publisher's charges for publication of a notice authorized by law. \$ _____

Statutory fees and mileage of witnesses attending court or the taking of
depositions used as evidence (attach itemization). \$ _____

Reporter's or stenographic charges for the taking of depositions used
as evidence. \$ _____

Postage or delivery fees incurred pursuant to K.S.A. 60-303. \$ _____

Alternative dispute resolution fees that the court ordered to be paid or
to which the parties have agreed. \$ _____

Such other charges as are by statute authorized to be taxed as costs
(specify statute). \$ _____

TOTAL \$ _____

Note: Attach to your bill an itemization and documentation for requested costs in all applicable categories.

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill was served on all interested parties in this action on the _____ day of _____, 20____, as follows:

(List name and address of each party served.)

Date: _____

(Signature of attorney)
(Name), Attorney for (party)
Kansas Attorney Registration Number
Address
Telephone
Fax number
E-mail address

IN THE _____ JUDICIAL DISTRICT
DISTRICT COURT OF _____ COUNTY, KANSAS

_____,)
Plaintiff,)
v) Case No. _____
_____,)
Defendant.)

Proceeding Pursuant to K.S.A. [Chapter 60] [Chapter 61]

TAXATION OF COSTS

The Bill of Costs having been filed on _____, 20 __, and no objection having been filed within 14 days, costs are taxed in the amount of \$ _____ and included in the judgment.

Date

(Clerk of the Court)(Deputy Clerk)

FAX TRANSMISSION SHEET

DATE: _____

TO: Clerk of the Appellate Courts
Fax Number: (785) 296-1028

FROM: Attorney or Party Without Attorney (Name and Address)

Kansas Attorney Registration Number: _____

Telephone Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

E-mail Address: _____

Attorney for (Name): _____

RE: Appellate Case Number: _____

Caption: _____

vs.

Name of the Document Being Transmitted:

Number of fax pages excluding this cover page: _____

OTHER INSTRUCTIONS:

NOTICE OF APPEAL

(Name the appealing party or parties) appeal(s) from (designate the judgment or part of the judgment or other appealable order) to the Supreme Court of the State of Kansas.

This appeal is directly to the Supreme Court on the ground that (state ground on which direct appeal is permitted, including citation of statutory authority).

Appellant or Attorney for Appellant(s)
Address
Telephone Number
Fax Number
E-mail address
Kansas Attorney Registration Number

(Add certificate of service on all parties in compliance with K.S.A. 60-205.)

NOTICE OF APPEAL

(Name the appealing party or parties) appeal(s) from (designate the judgment or part of the judgment or other appealable order) to the Court of Appeals of the State of Kansas.

Appellant or Attorney for Appellant(s)
Address
Telephone Number
Fax Number
E-mail address
Kansas Attorney Registration Number

(Add certificate of service on all parties in compliance with K.S.A. 60-205.)

Docketing Statement – Civil Appeal

IN THE (SUPREME COURT) (COURT OF APPEALS) OF THE STATE OF KANSAS

Case Caption:

County Appealed From: _____

District Court Case No(s): _____

Proceeding Under Chapter: _____

Party Filing Appeal: _____

Party or Parties Who Will Appear as Appellees: _____

DOCKETING STATEMENT - CIVIL

The docketing statement is used by the court to determine jurisdiction and to make calendar assignments under Rules 7.01(c) and 7.02(c). This is not a brief and should not contain argument or procedural motions.

1. **Civil Classification:** From the list of civil topic sub-types listed at the end of this form, choose the **one** which best describes the **primary** issue in this appeal.

2. **Proceedings in the District Court:**

- a. Trial judge from whose decision this appeal is taken: _____

- b. List any other judge who has signed orders or conducted hearings in this matter: _____

- c. Was this case disposed of in the district court by:

_____ Jury trial

_____ Bench trial

_____ Summary judgment

_____ Dismissal

_____ Other

- d. Length of trial, measured in days (if applicable): _____

- e. State the name of each court reporter or transcriptionist who has reported or transcribed any or all of the record for the case on appeal. (This is not a substitute for a request for transcript served on the individual reporter or transcriptionist under Rule 3.03.)

- f. State the legal name of all entities that are NOT listed in the case caption (including corporations, associations, parent, subsidiary, or affiliate business entities) but are parties or have a direct involvement in the case on appeal:

- g. State the name, address, telephone number, fax number, and e-mail address of every attorney who represented a party in district court if that attorney's name does NOT appear on the certificate of service attached to this docketing statement. Clearly identify each party represented.

3. **Jurisdiction:**

- a. Date journal entry, judgment form, or other appealable order filed: _____
- b. Is the order appealed from a final order, *i.e.*, does it dispose of the action as to all claims by all parties? _____
- c. If the order is not a final disposition as to all claims by all parties, did the district court direct the entry of judgment under K.S.A. 60-254(b)? _____
If not, state the basis on which the order is appealable. _____
- d. Date any posttrial motion filed: _____
- e. Date disposition of any posttrial motion filed: _____
- f. Date notice of appeal filed in district court: _____
- g. Other relevant dates necessary to establish this court's jurisdiction to hear the appeal, *i.e.*, decisions of administrative agencies or municipal courts and appeals therefrom: _____

- h. Statutory authority for appeal: _____
- i. Are there any proceedings in any other court or administrative agency, state or federal, which might impact this case or this court having jurisdiction (yes or no)? _____
If "yes," identify the court or agency in which the related proceeding is pending. List the case captions and the case or docket numbers. _____

4. **Constitutional Challenges to Statutes or Ordinances:**

- Was any statute or ordinance found to be unconstitutional by the district court (yes or no)? _____
If "yes," what statute or ordinance? _____

5. **Related Cases/Prior Appeals:**

a. Is there any case now pending or about to be filed in the Kansas appellate courts which:

(1) Arises from substantially the same case as this appeal (yes or no)? _____

If "yes," give case caption and docket number. _____

(2) Involves an issue that is substantially the same as, similar to, or related to an issue in this appeal (yes or no)? _____

If "yes," give case caption and docket number. _____

b. Has there been a prior appeal involving this case or controversy (yes or no)? _____

If "yes," give case caption and docket number. _____

6. Brief statement (less than one page), without argument, of the material facts. This is not intended to be a substitute for the factual statement that will appear in the brief.

7. Concise statement of the issues proposed to be raised. You will not be bound by this statement but should include issues now contemplated. Avoid general statements such as "the judgment is not supported by the law."

Attorney's Signature

Attorney's Name (typed or printed)

Kansas Attorney Registration Number

Address

Telephone Number

Fax Number

E-mail address

Name of the Party Represented

Date: _____

ATTACH PROOF OF SERVICE

(List all parties served, including name, address, and who they represent.)

CIVIL TOPIC SUB-TYPES: Select the **one** sub-type which best describes this appeal. See Question 1 above.

Administrative — KS Corporation
Commission
Administrative — Licensing
Administrative — Public Utility Rate Case
Administrative — Taxation
Administrative — Workers Compensation
Administrative — Other
Certified Question
Children — Adoption
Children — CINC
Children — Termination of Parental Rights
Conservators/Conservatorships
Constitutional Law
Contracts
Creditors and Debtors
Damages — Personal Injury
Damages — Property
Damages — Punitive
Divorce
Election Contest
Eminent Domain
Employment

Governmental Immunity
Habeas — appeal from district court
Insurance
Jurisdiction
Juvenile Offenders Code
K.S.A. 60-1507
Libel and Slander
Mandamus — appeal from district court
Negligence
Oil and Gas
Personal Property
Probate
Procedure
Quo Warranto — appeal from district court
Real Property
Statutory Interpretation or Construction
Teacher Employment/Due Process
Torts (specify sub-type)
Wrongful Death
Zoning
Other (please specify): _____

Docketing Statement – Civil Cross-Appeal

IN THE (SUPREME COURT) (COURT OF APPEALS) OF THE STATE OF KANSAS

Case Caption:

County Appealed From: _____
District Court Case No(s): _____
Party Filing Cross-Appeal: _____
Party or Parties Who Will Appear as
Cross-Appellees: _____

DOCKETING STATEMENT - CIVIL - CROSS-APPEAL

The docketing statement is used by the court to make calendar assignments under Rules 7.01(c) and 7.02(c). This is not a brief and should not contain argument or procedural motions.

1. Date notice of cross-appeal filed in district court: _____
2. Brief statement (less than one page), without argument, of the facts material to the cross-appeal. This is not intended to be a substitute for the factual statement which will appear in the brief.
3. Concise statement of the issues proposed to be raised. You will not be bound by this statement but should include issues now contemplated. Avoid general statements such as "the judgment is not supported by the law."

Attorney's Signature

Attorney's Name (typed or printed)
Kansas Attorney Registration Number
Address
Telephone Number
Fax Number
E-mail address
Name of the Party Represented
Date: _____

ATTACH PROOF OF SERVICE

(List all parties served, including name, address, and who they represent.)

Docketing Statement - Criminal

IN THE (SUPREME COURT) (COURT OF APPEALS) OF THE STATE OF KANSAS

Case Caption:

County Appealed From: _____

District Court Case No(s): _____

Party Filing Appeal: _____

DOCKETING STATEMENT - CRIMINAL

The docketing statement is used by the court to determine jurisdiction and to make calendar assignments under Rules 7.01(c) and 7.02(c). This is not a brief and should not contain argument or procedural motions.

1. **Criminal Classification:**

a. Conviction of (offense[s], statute[s], and classification[s] of crime[s]):

b. Date of offense(s) committed: _____

2. **Proceedings in the District Court:**

a. Trial judge from whose decision this appeal is taken: _____

b. List any other judge who has signed orders or conducted hearings in this matter:

c. Was this case disposed of in the district court by:

- _____ Jury trial
- _____ Bench trial
- _____ Plea
- _____ Dismissal

d. Length of trial, measured in days (if applicable): _____

e. State the name of each court reporter or transcriptionist who has reported or transcribed any or all of the record for the case on appeal. (This is not a substitute for a request for transcript served on the individual reporter or transcriptionist under Rule 3.03.)

f. State the name, address, telephone number, fax number, and e-mail address of any attorney who represented a party in the district court if that attorney's name does NOT appear on the certificate of service attached to this docketing statement. Clearly identify each party represented.

3. **Jurisdiction:**

a. Date sentence was pronounced from the bench: _____

- b. Date notice of appeal filed in district court: _____
- c. Custodial status:
 - (1) Is the defendant subject to appeal bond or incarcerated? _____
 - (2) Earliest possible release date, if incarcerated: _____
 If sentencing is challenged on appeal, it is the State's obligation to notify the clerk of the appellate courts in writing of any change in the custodial status of the defendant during the pendency of the appeal. See Rule 2.042.
- d. Statutory authority for appeal: _____
- e. Are there any co-defendants (yes or no): _____
 If "yes," what are their names? _____
- f. Are there any proceedings in any other court or administrative agency, state or federal, which might impact this case or this court having jurisdiction (yes or no)? _____
 If "yes," identify the court or agency in which the related proceeding is pending.
 List the case captions and the case or docket numbers.

4. **Constitutional Challenges to Statutes or Ordinances:**
 Was any statute or ordinance found to be unconstitutional by the district court (yes or no)? _____
 If "yes," what statute or ordinance? _____

5. **Related Cases/Prior Appeals:**

- a. Is there any case now pending or about to be filed in the Kansas appellate courts which:
 - (1) Arises from substantially the same case as this appeal (yes or no)? _____
 If "yes," give case caption and docket number. _____
 - (2) Involves an issue that is substantially the same as, similar to, or related to an issue in this appeal (yes or no)? _____
 If "yes," give case caption and docket number. _____
- b. Has there been a prior appeal involving this case or controversy (yes or no)? _____
 If "yes," give caption and docket number. _____

6. Brief statement (less than one page), without argument, of the material facts. This is not intended to be a substitute for the factual statement which will appear in the brief.
7. Concise statement of the issues proposed to be raised. You will not be bound by this statement but should include issues now contemplated. Avoid general statements such as "the judgment is not supported by the law."

Attorney's Signature

Attorney's Name (typed or printed)

Kansas Attorney Registration Number

Address

Telephone Number

Fax Number

E-mail address

Name of the Party Represented

Date: _____

ATTACH PROOF OF SERVICE

(List all parties served, including name, address, and who they represent.)

Answer to Docketing Statement

IN THE (SUPREME COURT) (COURT OF APPEALS) OF THE STATE OF KANSAS

Case Caption:

Appellate Court Case No.: _____

DOCKETING STATEMENT - ANSWER

The docketing statement is used by the court to determine jurisdiction and to make calendar assignments under Rules 7.01(c) and 7.02(c). The docketing statement and answer are not briefs. The answer to the docketing statement should consist only of a concise statement of additional facts or clarification of issues which the appellee or cross-appellee believes are necessary to provide the court a fair summary of the case. If the statement of facts and issues in the docketing statement is sufficient, there is no need to file an answer. **THE ANSWER SHOULD NOT CONTAIN ARGUMENT OR PROCEDURAL MOTIONS.**

1. Brief statement (less than one page), without argument, of any material facts not set forth in the docketing statement. This is not intended to be a substitute for the factual statement that will appear in the brief.
2. Concise statement of clarification of any issues set forth in the docketing statement.

Attorney's Signature

Attorney's Name (typed or printed)

Kansas Attorney Registration Number

Address

Telephone Number

Fax Number

E-mail address

Name of the Party Represented

Date: _____

ATTACH PROOF OF SERVICE

(List all parties served, including name, address, and who they represent.)