

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT  
DOCKETING STATEMENT--CIVIL/AGENCY CASES**

**Directions:** Counsel must make a **docketing statement (civil/agency) filed** entry in CM/ECF within 14 days of docketing of the appeal, or within the due date set by the clerk's docketing notice, whichever is later. File with the entry the (1) docketing statement form with any extended answers and (2) any transcript order form. Parties proceeding pro se are not required to file a docketing statement. Opposing counsel who finds a docketing statement inaccurate or incomplete may file any objections within 10 days of service of the docketing statement using the ECF event-**docketing statement objection/correction filed**.

<b>Appeal No. &amp; Caption</b>	
<b>Originating No. &amp; Caption</b>	
<b>Originating Court/Agency</b>	

<b>Jurisdiction</b> (answer any that apply)		
Statute establishing jurisdiction in Court of Appeals		
Time allowed for filing in Court of Appeals		
Date of entry of order or judgment appealed		
Date notice of appeal or petition for review filed		
If cross appeal, date first appeal filed		
Date of filing any post-judgment motion		
Date order entered disposing of any post-judgment motion		
Date of filing any motion to extend appeal period		
Time for filing appeal extended to		
Is appeal from final judgment or order?	<input type="radio"/> Yes	<input type="radio"/> No
If appeal is not from final judgment, why is order appealable?		

<b>Settlement</b> (The docketing statement is used by the circuit mediator in pre-briefing review and mediation conducted under Local Rule 33. Counsel may make a confidential request for mediation by calling the Office of the Circuit Mediator at 843-521-4022.)		
Is settlement being discussed?	<input type="radio"/> Yes	<input type="radio"/> No

<b>Transcript</b> (transcript order must be attached if transcript is needed and not yet on file)		
Is transcript needed for this appeal?	<input type="radio"/> Yes	<input type="radio"/> No
Has transcript been filed in district court?	<input type="radio"/> Yes	<input type="radio"/> No
Is transcript order attached?	<input type="radio"/> Yes	<input type="radio"/> No

Case Handling Requirements (answer any that apply)		
Case number of any prior appeal in same case		
Case number of any pending appeal in same case		
Identification of any case pending in this Court or Supreme Court raising similar issue		
	If abeyance or consolidation is warranted, counsel must file an appropriate motion.	
Is expedited disposition necessary?	<input type="radio"/> Yes	<input type="radio"/> No
	If yes, motion to expedite must be filed.	
Is oral argument necessary?	<input type="radio"/> Yes	<input type="radio"/> No
Does case involve question of first impression?	<input type="radio"/> Yes	<input type="radio"/> No
Does appeal challenge constitutionality of federal or state statute in case to which federal or state government is not a party	<input type="radio"/> Yes	<input type="radio"/> No
	If yes, notice re: challenge to constitutionality of law must be filed.	

Nature of Case (Nature of case and disposition below. Attach additional page if necessary.)	

**Issues** (Non-binding statement of issues on appeal. Attach additional page if necessary)**Adverse Parties** (List adverse parties to this appeal and their attorneys; provide party's address if the party is not represented by counsel. Attach additional page if necessary.)

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

**Adverse Parties (continued)**

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

Adverse Party:

Attorney:  
Address:

E-mail:

Phone:

<b>Appellant</b> (Attach additional page if necessary.)	
Name:  Attorney: Address:  E-mail:  Phone:	Name:  Attorney: Address:  E-mail:  Phone:
<b>Appellant (continued)</b>	
Name:  Attorney: Address:  E-mail:  Phone:	Name:  Attorney: Address:  E-mail:  Phone:
<b>Signature:</b> _____ <b>Date:</b> _____  <b>Counsel for:</b> _____	
<b>Certificate of Service:</b> I certify that on _____ the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by serving a true and correct copy at the addresses listed below (Attach additional page if necessary):	
Signature:	Date:

3:13-cv-00999-TLW Date Filed 04/17/15 Entry Number 115 Page 1 of 1

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
Please Read Instructions:					
1. NAME D. Michael Kelly		2. PHONE NUMBER (803) 726-0123		3. DATE 4/17/2015	
4. MAILING ADDRESS 500 Taylor Street, 4th Floor		5. CITY Columbia		6. STATE SC	7. ZIP CODE 29201
8. CASE NUMBER 3:13-cv-00999-TLW		9. JUDGE Chief Judge Terry L. Wooley		DATES OF PROCEEDINGS	
				10. FROM 1/28/2015	11. TO 1/28/2015
12. CASE NAME Beck et al v. Shinseki et al		LOCATION OF PROCEEDINGS			
		13. CITY Columbia		14. STATE SC	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				01/28/2015	
<input type="checkbox"/> BAIL HEARING				SJ/MTD Hearing	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE D. Michael Kelly				PROCESSED BY	
19. DATE 4/16/2015				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED TO				COURT ADDRESS	
ORDER RECEIVED				DEPOSIT PAID	
DEPOSIT PAID				TOTAL CHARGES	
TRANSCRIPT ORDERED				LESS DEPOSIT	
TRANSCRIPT RECEIVED				TOTAL REFUND	
ORDERING PARTY NOTIFIED				TOTAL DUE	
TOPICK OF TRANSCRIPT				0.00	
PARTY REQUESTING TRANSCRIPT					

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY