UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

APPEAL COVER SHEET

APPELLANT: Bankruptcy Case Number:	APPELLEE: Adversary Case Number:
Attorney: (Name, address & telephone number)	Attorney: (Name, address & telephone number)

NATURE OF PROCEEDING

☐ Appeal pursuant to 28 U.S.C. §158

Notice of Appeal filed: _____
Date of Order Appealed: _____
Title of Order Appealed: _____
Debtor(s)' County of Residence: _____

☐ Motion to Withdraw Reference

Filed: _____ By: _____

☐ Interlocutory Appeal

Title of Interlocutory Order or Decree: _____
Date of Order or Decree: _____
Brief Description of Matter Appealed: _____

☐ Motion for Leave to Appeal

Date filed: _____

☐ Other: _____

☐ Designation in Appeal:

Have arrangements been made with Court Reporter for Transcript? ☐ Yes ☐ No
If not, do you intend to do so? If ordered, on what date? _____

_____
Attorney/Appellant

3/19/2003