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| --- | --- |
| Colorado Court of Appeals 2 East 14th Avenue Denver, CO 80203 | ⮙ FOR COURT USE ⮙Court of Appeals Case Number:District Court Case Number:County: |
| Plaintiff|Petitioner:[ ]  Appellant or [ ]  Appellee&Defendant|Respondent:[ ]  Appellant or [ ]  Appellee |
| My Name:Street Address:City, State, and Zip:Phone:E-Mail: |
| **Notice of Appeal** |

## Final Order on Appeal

* I am appealing the final order issued on: *(date)*
* This appeal is filed pursuant to Colorado Appellate Rule (C.A.R.) 3.

## Magistrate Order?

* [ ]  Check here if your case was decided by a magistrate.

## More Time to Appeal?

* [ ]  Check here if you asked for more time to start the appeal.

## Post-Trial Motions?

Did any party file a timely post-trial motion? *(Check one)*

* [ ]  No. **OR**
* [ ]  Yes. A post-trial motion was filed on: *(date)*

The order deciding this motion was issued on: *(date)*

## Possible Issues on Appeal

What Issues are you considering discussing in your Opening Brief?

*(list one or two)*

## Transcript Needed?

Will you be purchasing a transcript for the appeal? *(Check one)*

* [ ]  No. **OR**
* [ ]  Yes. A transcript is necessary to review the Issues on Appeal.
	+ I will file a [[JDF 1912 - Designation of Transcripts]](https://www.coloradojudicial.gov/media/2097)*,*

with the District Court clerk’s office within 7 days.

## Party Information

Provide information of the people responding to the appeal.

### a) Name of Responding Party:

**This party:** *(Check one)* [ ]  does | [ ]  does not - have a lawyer.

#### Lawyer Name: *(if any)*

Registration Number:

Name of Law Firm:

#### Party Contact Information: *(Or the lawyer’s, if represented.)*

Street Address:

City, State, and Zip:

Phone Number:

E-Mail Address:

### b) Name of Responding Party:

**This party:** *(Check one)* [ ]  does | [ ]  does not - have a lawyer.

#### Lawyer Name: *(if any)*

Registration Number:

Name of Law Firm:

#### Party Contact Information: *(Or the lawyer’s, if represented.)*

Street Address:

City, State, and Zip:

Phone Number:

E-Mail Address:

## Attachments

Please see the documents I attached to this notice:

* A copy of the final order I am appealing.
* Any motion for post-trial relief.
* The $253 filing fee. *(Or, a District Court Order - JDF 206 waiving that fee)*

## Copies Delivered

I certify that on *(date)* , I *(check one)*

[ ]  mailed | [ ]  hand delivered

a copy of this document to:

### a) County District Court:

Street Address:

City, State, and Zip:

### b) Responding Party Name:

Attorney Name: *(if any)*

Address:

City, State, and Zip:

### c) Responding Party Name:

Attorney Name: *(if any)*

Address:

City, State, and Zip:

## Signature & Date

Signature: Dated: