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

1. 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.

2. Magistrate Order?

ullet Check here if your case was decided by a magistrate.

3. More Time to Appeal?

• \square Check here if you asked for more time to start the appeal.

4.	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)
5.	Possible Issues on Appeal
	What Issues are you considering discussing in your Opening Brief? (list one or two)
	•
	•
6.	Transcript Needed?
	Will you be purchasing a transcript for the appeal? (Check one)
	• 🗆 No.
	OR
	• \square Yes. A transcript is necessary to review the Issues on Appeal.
	o I will file a [JDF 1912 - Designation of Transcripts],

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

7. 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:

8. 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 \$ filing fee. (Or, a District Court Order JDF 206 waiving that fee)

9.	Copies	Del	livered

1	
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:

10.