

Colorado Court of Appeals 2 East 14 <sup>th</sup> Avenue Denver, CO 80203	▲ FOR COURT USE ▲
Plaintiff   Petitioner: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee & Defendant   Respondent: _____ <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee	
My Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____  District Court Case Number: _____ County: _____
<h2>Notice of Appeal</h2>	

### 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?

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

### 3. More Time to Appeal?

- 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)*

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#### 6. 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](#),  
with the District Court clerk's office within 7 days.

## 7. Party Information

Provide information of the people responding to the appeal.

- 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: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
  
- 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: \_\_\_\_\_ 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 \$223 filing fee. *(Or, a District Court Order - JDF 206 waiving that fee)*

## 9. Copies Delivered

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

mailed |  hand delivered

a copy of this document to:

1) \_\_\_\_\_ County District Court:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2) Responding Party Name: \_\_\_\_\_

Attorney Name: *(if any)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Responding Party Name: \_\_\_\_\_

Attorney Name: *(if any)* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 10. Signature & Date

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_