

| | |
|--|--|
| <input type="checkbox"/> County Court _____ County, Colorado Court Address: _____ <hr/> Plaintiff(s): _____ v. Defendant(s): _____ | ▲ COURT USE ONLY ▲ |
| Attorney or Party Without Attorney (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____ | Case Number: _____ Division _____ Courtroom _____ |
| NOTICE OF APPEAL | |

To: The County Court in and for the County of _____, State of Colorado and the above named _____.

Please take notice that the undersigned will file an appeal.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

Said appeal will be docketed in the District Court pursuant to Rule 411, Rules of County Court Civil Procedure.

Done this _____ day of _____, 20 _____.

 Signature(s) of Appellant(s)

 Signature of Attorney for Appellant(s), if applicable

 Name, Address(es) of Appellant(s)

 Telephone Number(s) of Appellant(s)

CERTIFICATE OF MAILING

I certify that a true copy of the Notice of Appeal and the Designation of Record on Appeal was mailed, postage prepaid, to _____ (opposing party(ies) or attorney), at _____ (address), on _____ (date).

 Appellant(s) or Attorney for Appellant(s)