

Colorado Court of Appeals 2 East 14 th 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)

•

•

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 [*Designation of Transcripts - C.A.R. Form 8*](#),
 - 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: _____