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| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Appeal from:  Insert County District Court  District Court Judge: The Hon. Judge’s Name  District Court Case Number: Insert case Number  In the Case of:  Plaintiff/Petitioner: Enter Name(s),  Appellant or  Appellee  &  Defendant/Respondent: Enter Name(s)  Appellant or  Appellee  Filing Party: Your Name  Address: Street Address  City, State Zip Code  Phone: Phone With Area Code.  E-Mail: E-Mail address | ⮙ FOR COURT USE ⮙  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Court of Appeals’ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notice of Appeal** | |

1. **Case Background**

In one page or less, give the court a brief description of this case and why you are appealing. This is a general description and you will go into greater detail about the case and make your arguments in your opening brief, which is submitted after we receive the record from the trial court or agency.

1. **Final Order on Appeal**
2. I am appealing the order or judgment issued on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Remaining Issues:

All the issues in the case have been decided.

OR

Not all of the issues in the case have been decided. The following issues are still undecided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Attorney Fees and Costs:

Any request for attorney fees and costs have been resolved.

OR

The District Court needs to resolve a request for attorney fees and costs.

1. **Post-Trial Motions**
2. Motions Filed: Did any party file a post-trial motion?

No (If this is checked, you may skip to the section IV. on Extension of Time to File the Notice of Appeal).

**OR**

Yes. A post-trial motion was filed on: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Extensions of Time: Did a party request an extension of time to file a motion for post-trial relief?

No party asked for an extension of time to file a post-trial motion, or the request was denied.

**OR**

A request for extension of time to file a post-trial motion was filed on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The District Court granted the motion on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and extended the deadline to file a post-trial motion to (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Ruling on Post-Trial Motion:

The district court rules on the post-trial motion on (date) \_\_\_\_\_\_\_\_\_\_\_\_.

**OR**

The post-trial motion has not been decided by the district court.

1. **Extension of Time to File the Notice of Appeal:**

There were no requests to extend the deadline to file this notice of appeal.

**OR**

A request to extend the deadline was filed on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**V. Magistrate Order**:

Check here if your case was decided by a magistrate.

**VI. Issues on Appeal**:

List the legal questions you want the court of appeals to decide. These are often called the issues on appeal. You will have time to fully explain each of these issues in your opening brief and raise additional issues if you forget to include one.

**VII. Necessity of Transcript:**

A transcript is not necessary to review the issues on appeal.

**OR**

A transcript from the hearing or trial is necessary to review the issues on appeal.

**VIII. Lawyer or Party Information**

1. My lawyer: I do not have a lawyer at this time.
2. The lawyer for the other side:

The other side does not have a lawyer. Their contact information is:

Name: Name

Address: Street AddressCity, State. Zip Code

Phone Number: Phone with Area Code.

E-Mail Address: E-Mail address

**OR**

The other side has a lawyer. That lawyer’s contact information is:

Name: Enter the lawyer’s full name.

Registration Number: This is their 4 or 5 digit registration number. This is usually found on documents they filed with the court.

Firm: Enter Firm Name

Address: Street Address

City, State. Zip Code

Phone Number: Phone with Area Code.

E-Mail Address: E-Mail address

If any other persons are parties to this appeal, list each such person, state whether each such person has a lawyer, and if so, add that lawyer’s contact information here as well.

**IX. Attachments**

Please see the documents I attached to this notice:

1. A copy of the judgment or orders being appealed.
2. A copy of any post-trial motion.
3. A copy of the district court order, if any, waiving my filing fees on appeal.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

Respectfully submitted,

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

Your Name

Certificate of Service

I certify that on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I filed this Notice of Appeal with the Court of Appeals. I sent a copy, along with any attachments, to the people listed below: (Every party in the case and the district court should be sent a copy. If a party has a lawyer, send the copy to the lawyer.)

Name of Party Served: Enter Name

Sent by (Check One): U.S. Mail; OR  In-Person Hand Delivery

Address: Street Address

City, State. Zip Code

Enter the names of any other parties here, how you sent them a copy, and their address.

And filed with the:

Insert County District Court

Address: Enter Street Address

City, State Zip Code

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

Your Name