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| **County Court, Denver County, Colorado**1437 Bannock Street, Room 135Denver, Colorado 80202, 720-865-7840 |  |
| Plaintiff(s): v.Defendant(s): |
| Attorney or Party Without Attorney (Name and Address):Phone Number: E-mail:Fax Number: Atty. Reg. #: |
| Case Number:Div: Courtroom: |
| **NOTICE OF APPEAL AND DESIGNATION OF RECORD** |

 hereby files an appeal in Denver County Court on the above caption case, for the following reasons:

 \**Add additional information on page 2.*

**I understand I will be required to post an appeal bond as set by the Court pursuant to Rule 411 (a) C.R.C.C.C.P. I also understand that during the course of the appeal process, a Stay of Execution as well as a recall of any execution(s) on any judgment(s) will be in effect during the duration of the appeal process; and that interest shall continue to accrue on any monetary judgment(s) during the duration of the appeal process.**

*Current Contact Information for the Appellant*

Full Name: Mailing Address: City, State, and Zip Code: Email: Home Phone Number: Work Number: Cell Number:

*Designation of Record:*

The clerk of court will prepare the record on appeal, pursuant to 411, C.R.C.C.C.P. It will include the following item(s):

* The County Court case file, including all pleadings, motions, reports, exhibits, orders of the court and jury instructions, if applicable, and/or;
* The original transcript of the following proceedings:

|  |  |  |
| --- | --- | --- |
| **Date of Proceeding** | **Courtroom Where Proceeding Took Place** | **Description of Proceeding** |
| 1.  |   |   |
| 2.  |   |   |
| 3.  |   |   |
| 4.  |   |   |

\**Add additional information here*.

Date:

Signature of Appellant or Attorney for Appellant Atty. Reg. #

# CERTIFICATE OF SERVICE

I certify that on (date) an original was filed with Denver County Court and a true and accurate copy of this *NOTICE OF APPEAL AND DESIGNATION OF RECORD* was provided to the other party by (SELECT ONLY ONE):

* Hand Delivery □ Faxed to: (telephone number) □ Placing in the United States mail, FIRST-CLASS POSTAGE PREPAID

and addressed to the following:

Name: Address: City: State: Zip Code:

Signature of Appellant ***or*** Attorney for Appellant Atty. Reg. #

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| --- | --- |
| County Court, Denver County, Colorado 1437 Bannock Street, Room 135Denver, Colorado 80202, 720-865-7840Plaintiff(s)/Petitioner(s): v.Defendant(s)/Respondent(s): | **▲COURT USE ONLY▲** |
| Attorney or Party Without Attorney (Name and Address):Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: **Civil** Courtroom |
| **CERTIFICATE OF FILING AND SERVICE** |

I, , hereby certify that on (date), I filed a copy of the attached Notice of Appeal and Designation of Record with the Denver District Court, 1437 Bannock St., rm. 256.

Date: Signature:

* Petitioner/Plaintiff / Respondent/Defendant

# CERTIFICATE OF SERVICE

I certify that on (date) a true and accurate copy of the Certificate was served on the other party by:

|  |  |
| --- | --- |
| * Hand Delivery
 | * Placing it in the United States mail, postage pre-paid,
 |
| and addressed to: |
| * Faxed to:
 | Name:  |
|  | Address: |
| * E-filed
 |  |

Date: Signature:

* Petitioner/Plaintiff / Respondent/Defendant

DCC WAIVER AND ACCEPTANCE OF SERVICE