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| County Court, Denver County, Colorado  1437 Bannock Street, Room 135  Denver, Colorado 80202, 720-865-7840  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: **Civil** 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.

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)

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| County Court, Denver County, Colorado  1437 Bannock Street, Room 135  Denver, Colorado 80202, 720-865-7840  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: **Civil**  Courtroom: |
| **DESIGNATION OF RECORD ON APPEAL** | |

The clerk will prepare for the District Court a record on appeal which shall include the following:

1. All original process and pleadings on file in the trial court.
2. All exhibits.
3. Jury instructions.
4. Judgments and orders of the Court.
5. Reporter's original transcript - excluding transcript of jury voir dire, opening statements, and closing summation, but including all evidence.

Please prepare and certify with all convenient speed.

Requested this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant(s) or Attorney for Appellant(s)

Amount deposited $\_\_\_\_\_\_\_\_\_\_\_\_ for record.

Appeal bond in the amount of $\_\_\_\_\_\_\_\_\_\_\_ filed.