[NAME OF COURT, TRIBUNAL, OR AGENCY THAT ISSUED THE DECISION]

FOR THE [COUNTY, PARISH, BOROUGH, OR DISTRICT] OF [NAME OF COUNTY/DISTRICT]

STATE OF [STATE OR JURISDICTION]

[Caption Style Description: e.g., John Doe, Plaintiff, v. Jane Smith, Defendant]

Lower Court Case No.: [Lower Court Case/Docket Number]

Appellate Case No.: _____

Division/Department: _____

NOTICE OF APPEAL

Notice is hereby given that [First Appellant's Full Legal Name], _____, hereby appeals to the _____, _____, from the _____ entered in this action on [Date Judgment/Order Was Entered].

I. COURT AND DECISION DETAILS

1. **Issuing Body:** The decision being appealed was issued by _____, located in _____, State of _____.

2. **Date of Decision:** The judgment, order, decree, or decision was entered on [Date Judgment/Order Was Entered]. [If applicable: The notice of entry or notice of decision was served on _____].

3. **Judicial Officer:** The decision was entered or issued by _____.

4. **Scope of Appeal:** This appeal is taken from [Specify "the judgment as a whole" or "specific parts/portions of the ruling being appealed"].

5. **Substance of Ruling:** The decision appealed from granted or denied the following relief: _____.

II. JURISDICTIONAL BASIS FOR APPEAL

6. **Basis of Appealability:** This appeal is taken pursuant to _____. The basis for the appealability of this decision at this time is _____.

7. **Post-Decision Motions:** [Describe any post-judgment or post-decision motions filed, including the dates they were filed and resolved, or state "None"].

8. **Timeliness:** The deadline for filing this Notice of Appeal is [Appeal Deadline Date]. This Notice is timely filed under the applicable rules of appellate procedure.

III. RECORD AND FEE ARRANGEMENTS

9. **Transcripts:** Appellant requests the preparation of transcripts for the hearings, trials, or proceedings held on the following dates: _____, reported by Court Reporter [Court Reporter's Name].

10. **Filing Fees:** Appellate filing fees or fee waiver status will be handled as follows: _____.

11. **Stay or Bond:** [Describe any stay, supersedeas bond, cost bond, or appeal bond information, or state "None"].

IV. PARTY CONTACT INFORMATION

Appellant:

Name: [First Appellant's Full Legal Name]

Mailing Address:

Street Address: [Appellant Street Address]

City, State, Zip: [Appellant City, State, Zip]

Appellee / Opposing Party:

Name: _____

Mailing Address:

Street Address: [Appellee Street Address]

City, State, Zip: [Appellee City, State, Zip]

Dated: _____

Respectfully submitted,

Signature: _____

Printed Name: [Appellant's Attorney's Full Name]

Bar No.: [Attorney Bar Number or ID]

Law Firm: _____

Street Address: [Attorney Street Address]

City, State, Zip: [Attorney City, State, Zip]

Phone: [Attorney Phone Number]

Email: [Attorney Email Address]

Role / Capacity: Attorney for Appellant

*****

CERTIFICATE OF SERVICE**

I hereby certify that on _____, a true and correct copy of the foregoing Notice of Appeal was served upon the following parties or counsel of record by _____:

Recipient: [First Service Recipient's Name]

Service Address:

Street Address: [Recipient Street Address]

City, State, Zip: [Recipient City, State, Zip]

Service Method: [Specify Service Method]

Signature: _____

Printed Name: _____

Role / Capacity: _____