Reset

IN THE SELECT ONE _____ COURT OF CLARK COUNTY
[_____ Municipal Court OR District Court]
STATE OF WASHINGTON

☐ STATE OF WASHINGTON	)	
☐ CITY OF _____	)	Case No. _____
☐ _____,	)	
Plaintiff,	)	
v.	)	
	)	**NOTICE OF APPEAL**
_____,	)	
Defendant.	)	

The Please Select One (*Please type your name*) _____ seeks review by the Clark County Superior Court of the decisions rendered in SELECT ONE _____ Court under Case No. _____ entered on _____ (*date of judgment*) in the above-named Court.

Type of Case Appealed (*check one only*):

☐ Criminal (RALJ) _____ (*description of charge*).

☐ Infraction (RALJ) ☐ Civil (RALJ) ☐ Small Claim (DE NOVO)

Designate each decision to be reviewed:
_____
_____
_____.

Signature of Defendant or Plaintiff filing this Notice _____
[or Attorney, only if attorney is representing Defendant on appeal]

Defendant [or Attorney representing Defendant on Appeal]
Name: _____
Address: _____
_____
Email Address: _____
Telephone: (____) _____
Bar No. _____

Plaintiff, or Attorney for Plaintiff
Name: _____
Address: _____
_____
Email Address: _____
Telephone: (____) _____
Bar No. _____

Defendant's Address (*if not provided above*): _____

Municipal Court or District Court Criminal Defense Attorney's Name: _____