Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

_____ County District Court

District Court Judge: The Hon. _____

District Court Case Number: _____

Plaintiff-Appellee: The People of the State of Colorado

v.

Defendant-Appellant: _____

Filing Party Name: _____

Prisoner ID Number: _____

Facility & Unit: _____

Street Address: _____

City: _____ State: _____ Zip: _____

⋀ FOR COURT USE ⋀

_____

Court of Appeals Case

Number: _____

Notice of Appeal

1. Nature of the Case

- I am appealing a *(check one)*:

    ☐ Conviction only.

    ☐ Sentencing only.

    ☐ Conviction and Sentencing.

    ☐ Order Denying a Motion for Post-Conviction Relief.

    ☐ Other Final Order.

- That order was issued on *(date)* _____.

- This appeal is being filed pursuant to Colorado Appellate Rule (C.A.R.) 3.

2. Charges

I was charged with the following at trial:

Charges	Convicted? (Yes or No)	Lesser Offences Included? (Yes or No)
1.		
2.		
3.		
4.		
5.		

3. Sentencing

- The sentence was entered on *(date)* _____.

- I was sentenced to:

4. Possible Issues to be Raised on Appeal

-

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5. Necessity of a Transcript

☐ Check here if a transcript of the hearing or trial will be necessary to review the Issues on Appeal.

- I will file a *Designation or Transcripts - C.A.R. Form 8* within 7 days.

6. Lawyer or Party Information

The lawyer for the plaintiff is the Colorado Attorney General. The mailing address is 1300 Broadway, 10th Floor, Denver, CO 80203.

7. Appeal Bond

The appeal bond, if any, was set at $_____.

8. Attachments

Please see the documents I attached to this notice:

- A copy of the judgment or order being appealed.
- The Mittimus.
- A copy of the district court order, if any, waiving my filing fees on appeal.

9. Certificate of Service

I certify that on *(enter date)* _____, I *(check one)*

☐ mailed | ☐ hand delivered | ☐ placed into prison mailing

a copy of this document to the:

Colorado Attorney General		_____ District Court
1300 Broadway, 10th Floor	AND	Street Address: _____
Denver, Colorado 80203.		City/State/Zip: _____

Respectfully submitted,

Dated: _____

Signature: _____

Print Name: _____