

Colorado Court of Appeals 2 East 14 <sup>th</sup> Avenue Denver, CO 80203	FOR COURT USE
_____ 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: _____	
<b>Notice of Appeal</b>	

## 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, 10<sup>th</sup> 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, 10 <sup>th</sup> Floor	AND	Street Address: _____
Denver, Colorado 80203.		City/State/Zip: _____

Respectfully submitted,

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_