

Colorado Court of Appeals 2 East 14 <sup>th</sup> Avenue Denver, CO 80203	▲ FOR COURT USE ▲
Plaintiff   Petitioner: <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee & Defendant   Respondent: <input type="checkbox"/> Appellant or <input type="checkbox"/> Appellee	
My Name: Street Address: City, State, and Zip: Phone: E-Mail:	Court of Appeals Case Number:  District Court Case Number: County:
<h2>Notice of Appeal</h2>	

### 1. Final Order on Appeal

- I am appealing the final order issued on: *(date)*
- This appeal is filed pursuant to Colorado Appellate Rule (C.A.R.) 3.

### 2. Magistrate Order?

- Check here if your case was decided by a magistrate.

### 3. More Time to Appeal?

- Check here if you asked for more time to start the appeal.

#### 4. Post-Trial Motions?

Did any party file a timely post-trial motion? *(Check one)*

- No.

**OR**

- Yes. A post-trial motion was filed on: *(date)*

The order deciding this motion was issued on: *(date)*

#### 5. Possible Issues on Appeal

What Issues are you considering discussing in your Opening Brief?  
*(list one or two)*

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#### 6. Transcript Needed?

Will you be purchasing a transcript for the appeal? *(Check one)*

- No.

**OR**

- Yes. A transcript is necessary to review the Issues on Appeal.
  - I will file a [JDF 1912 - Designation of Transcripts],  
with the District Court clerk's office within 7 days.

## 7. Party Information

Provide information of the people responding to the appeal.

a) Name of Responding Party:

**This party:** *(Check one)*  does |  does not - have a lawyer.

**Lawyer Name:** *(if any)*

Registration Number:

Name of Law Firm:

**Party Contact Information:** *(Or the lawyer's, if represented.)*

Street Address:

City, State, and Zip:

Phone Number:

E-Mail Address:

b) Name of Responding Party:

**This party:** *(Check one)*  does |  does not - have a lawyer.

**Lawyer Name:** *(if any)*

Registration Number:

Name of Law Firm:

**Party Contact Information:** *(Or the lawyer's, if represented.)*

Street Address:

City, State, and Zip:

Phone Number:

E-Mail Address:

