☐ County Court _____ County, Colorado Court Address: _____ Plaintiff(s): v. Defendant(s):	
	COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):	Case Number:
Phone Number: E-mail: FAX Number: Atty. Reg. #:	Division Courtroom
NOTICE OF APPEAL	

To: The County Court in and for the County of _____, State of Colorado and the above named _____.

Please take notice that the undersigned will file an appeal.

Said appeal will be docketed in the District Court pursuant to Rule 411, Rules of County Court Civil Procedure.

Done this _____ day of _____, 20 _____.

_____   _____
Signature(s) of Appellant(s)   Signature of Attorney for Appellant(s), if applicable

_____
Name, Address(es) of Appellant(s)

_____
Telephone Number(s) of Appellant(s)

<div align="center">CERTIFICATE OF MAILING</div>

I certify that a true copy of the Notice of Appeal and the Designation of Record on Appeal was mailed, postage prepaid, to _____ (opposing party(ies) or attorney), at _____ (address), on _____ (date).

_____
Appellant(s) or Attorney for Appellant(s)

☐ County Court _____ County, Colorado Court Address: _____ Plaintiff(s): v. Defendant(s):	
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DESIGNATION OF RECORD ON APPEAL	

The clerk will prepare for the District Court a record on appeal which shall include the following:

1. All original process and pleadings on file in the trial court.

2. All exhibits.

3. Jury instructions.

4. Judgments and orders of the Court.

5. Reporter's original transcript - excluding transcript of jury voir dire, opening statements, and closing summation, but including all evidence.

_____
_____
_____
_____

Please prepare and certify with all convenient speed.

Requested this _____ day of _____, 20 ____.

_____
Appellant(s) or Attorney for Appellant(s)

Amount deposited $_____ for record.

Appeal bond in the amount of $_____ filed.