

**KING COUNTY SUPERIOR COURT
STATE OF WASHINGTON**

State of Washington,
County of King, City of _____)
)
)
_____) Plaintiff)
)
vs.)
)
)
_____) Defendant.)

NOTICE OF APPEAL

Case No. _____

Superior Court # _____
_____ Small Claim _____ Civil
_____ Criminal _____ Infraction

The appellant _____, the named _____ above seeks review by the
Superior Court of the _____ court's decision in case number _____
entered _____ (mm/dd/yyyy). Appellant's Date of Birth _____ (mm/dd/yyyy) Washington State
Drivers License Number or ID _____. Filing Fee Received _____ Waived

COPIES OF THIS NOTICE OF APPEAL SHALL BE SERVED IMMEDIATELY ON ALL OTHER PARTIES.

Appellant's Name (type/print)

Address

City State Zip

Appellant's Attorney – WSBA

Address

City State Zip

Opposing Party

Address

City State Zip

Attorney

Address

City State Zip

ALL INFORMATION MUST BE COMPLETED ON THIS FORM. SUPERIOR COURT WILL NOTIFY YOU OF YOUR CASE NUMBER AND CASE SCHEDULE REQUIREMENTS WHICH WILL INCLUDE YOUR HEARING DATE. IF YOU HAVE A CHANGE OF ADDRESS, YOU MUST NOTIFY BOTH SUPERIOR COURT AND THIS DISTRICT COURT. YOU MUST USE THIS SUPERIOR COURT CASE NUMBER ON ALL CORRESPONDENCE.

DATE: _____

Signature (kcdcf#15/01)