Reset

Mohave County Limited Jurisdiction Courts, State of Arizona

SELECT A COURT FROM THE DROP DOWN ARROW AT RIGHT >>>>

CASE NUMBER: _____

_____	_____
_____	_____
_____	_____
_____	_____
Appellant Name / Address / Phone	Appellee Name / Address / Phone
_____	_____
_____	_____
_____	_____
_____	_____
Attorney for Appellant Name / Address / Phone	Attorney for Appellee Name / Address / Phone

NOTICE OF APPEAL

Form 1

☐ EVICTION/FORCIBLE DETAINER ☐ WORKPLACE HARRASSMENT ☐ ORDER OF PROTECTION

☐ INJUNCTION PROHIBITING HARRASSMENT ☐ OTHER CIVIL

In bringing this appeal, I understand that:

- I have the right to post money with the trial court (a “supersedeas” bond), if I want the court to delay the enforcement of the Order or Judgment I am appealing.
- I must pay court fees to the lower court and Superior Court unless they are waived because I am unable to pay. I must pay a cost bond to the lower court, unless it is waived or reduced because I am unable to pay.
- I must file an appeal memorandum within sixty (60) days.

NOTE: You must notify the court in <u>writing</u> if your address changes.

I was the ☐ Plaintiff ☐ Defendant in the trial court proceeding.

Date: _____ _____

☐ Appellant ☐ Appellee

CERTIFICATE OF MAILING

I CERTIFY that I mailed a copy of this Notice of Appeal to:

☐ Appellant ☐ Appellee at the above address.

☐ Appellant’s ☐ Appellee’s attorney at the above address.

Date:_____ By Clerk:_____