

**KING COUNTY SUPERIOR COURT
STATE OF WASHINGTON**

____ State of Washington
____ City of _____

Plaintiff

vs.

Defendant

NOTICE OF APPEAL

Case No. _____
Sup. Ct. No. _____
____ SMALL CLAIMS
____ CIVIL
____ CRIMINAL
____ INFRACTION

The appellant _____, the named (plaintiff)
(defendant) above seeks review by the Superior Court of the _____
court's decision in cause number _____ entered _____ (date).

Errors Claimed are: _____

Appellant Date of Birth _____
Washington State Drivers License Number or ID _____

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 - WSBA

Address

City State Zip

ALL INFORMATION MUST BE COMPLETED ON THIS FORM.

SUPERIOR COURT WILL NOTIFY YOU OF YOUR CASE SCHEDULE REQUIREMENTS WHICH
WILL INCLUDE YOUR HEARING DATE. IF YOU HAVE A CHANGE OF ADDRESS YOU MUST NOTIFY
SUPERIOR COURT.

DATE: _____

Signature

