

Attorney or Party without attorney (Name and Address)	Telephone No.:	
Attorney for:		
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA Mailing Address Street Address 1500 Court Street, Room 319 Redding, CA 96001 Branch Name: Redding		
PLAINTIFF: DEFENDANT:		
NOTICE OF APPEAL Civil Limited		Case Number:

I, _____ appellant
(Name of person filing the appeal)

in the above-entitled action hereby appeals to the Appellate Division of the Superior Court of California,
County of Shasta, from the _____
(Judgment or Order appealed from)

Entered in the above-named court on _____
(enter date)

in favor of _____
(Name of other party)(respondent)

Dated:

(Type or print name)

(Signature of Appellant)

**NOTE: If you were the plaintiff in the original action, you remain the plaintiff in the appeal action.
If you were the defendant in the original action, you remain the defendant in the appeal action.**