Court Address:	Coun	ty, Colorado		
Court Address:				
Plaintiff(s):				
v.				
Defendant(s):				
Defendant(s).			COURT USE ONLY	
Attorney or Party Without Attorney (Name and Address):			Case Number	er:
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:		Division	Courtroom
	NOTICE OF	APPEAL		
To: The County Court in and for the County of			, State o	of Colorado and the above
named	· · · · · · · · · · · · · · · · · · ·			
Please take notice that the	undersigned will file an appeal.			
Said appeal will be dockete	ed in the District Court pursuant	to Rule 411, R	ules of County	Court Civil Procedure.
•	·		•	
Done this day o	of, 20	 ·		
Signature(s) of Appellant(s) S	Signature of Att	orney for Appe	ellant(s), if applicable
Name, Address(es) of App	ellant(s)			
Telephone Number(s) of A	opellant(s)			
	CERTIFICATE	OF MAILING		
I certify that a true copy of	the Notice of Appeal and the	Designation of	Record on Ap	opeal was mailed, postage
				sing party(ies) or attorney),
at			(address), on _	(date).
			Appollant(a) o	r Attorney for Appellant(s)