STATE OF RHODE ISLAND AND Justice O Int



DISTRICT COURT

APPEAL FORM

Rhode Island General Laws 1956 § 31-2-19 establishes the right to appeal within ten (10) days of notice of decision. The fee for this appeal is Twenty-five Dollars (\$25.00).

You must complete this form and state your reasons for this appeal on the second page of this form. (Attach additional pages if necessary) If your appeal does not show sufficient grounds, it will be denied.

Failure to file this Appeal Form and pay the fee within ten (10) days of decision will deny your opportunity for an appeal.

This is an appeal from a decision by: Division of Motor Vehicles Operator Control

COMPLETE THE FOLLOWING:

Last Name	First Name	Middle Initial	Date of Birth
Address (Number and Street, Cit	y, State, and Zip Code)		
Home Telephone Number	Cell Number	E-mail Address	
ATTORNEY OF RECORD M	UST FILL OUT THE I	OLLOWING:	
Attorney (Signature)		Attorney (Print)	
Rhode Island Bar Number			
Address (Number and Street, Cit	y, State, and Zip Code)		
Office Telephone Number		Cell Telephone Number	
Email Address			
Date			

DC-41 (revised June 2013)

STATE REASONS FOR APPEAL BELOW