



# Superior Court

## Notice of Appeal

<b>Plaintiff/Petitioner</b>	<b>Civil Action File Number</b>
<b>Defendant/Respondent</b>	<b>Cross-appeal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name of Each Party and Attorney Filing Appeal</b>	

<b>Date Case First Filed in the Superior Court</b>	<b>Date of Judgment or Order Appealed From</b>
<b>Party Filing Appeal</b> <input type="checkbox"/> Plaintiff(s) <input type="checkbox"/> Petitioner(s) <input type="checkbox"/> Defendant(s) <input type="checkbox"/> Respondent(s) <input type="checkbox"/> Other: _____	<b>Trial Court Judge</b>

<b>Trial Court Action Appealed</b>		
<input type="checkbox"/> <b>IPR</b> Preliminary Injunction	<input type="checkbox"/> <b>CJJ</b> Judgment/Judge	<input type="checkbox"/> <b>MTR</b> Denial Sentence Reduction
<input type="checkbox"/> <b>CON</b> Conviction	<input type="checkbox"/> <b>CDV</b> Directed Verdict	<input type="checkbox"/> <b>DCF</b> Dependency/Termination
<input type="checkbox"/> <b>IPT</b> Permanent Injunction	<input type="checkbox"/> <b>CJU</b> Judgment/Jury	<input type="checkbox"/> <b>DSJ</b> Summary Judgment
<input type="checkbox"/> <b>CJD</b> Default Judgment	<input type="checkbox"/> <b>DAL</b> Alimony	<input type="checkbox"/> <b>ASF</b> Agreed Statement of Facts
<input type="checkbox"/> <b>CDS</b> Dismissal/Jurisdiction	<input type="checkbox"/> <b>PRO</b> Probation Violation	<input type="checkbox"/> <b>DRP</b> Original Divorce Petition
<input type="checkbox"/> <b>CDM</b> Dismissal Merits	<input type="checkbox"/> <b>PTM</b> Pretrial Motion	<input type="checkbox"/> <b>CUS</b> Custody
<input type="checkbox"/> <b>CTD</b> New Trial Motion Denied	<input type="checkbox"/> <b>FCJ</b> Juvenile	
<input type="checkbox"/> <b>CTG</b> New Trial Motion Granted		
<b>Judgment for:</b>	<b>Sentences:</b>	
<input type="checkbox"/> Plaintiff(s)	<input type="checkbox"/> Confinement	<input type="checkbox"/> Suspended
<input type="checkbox"/> Defendant(s)	<input type="checkbox"/> Special Program	<input type="checkbox"/> Probation
<input type="checkbox"/> Other	<input type="checkbox"/> Fine/Restitution	<input type="checkbox"/> Deferred
<b>Bail/Release Status</b>		
<input type="checkbox"/> Personal Recognizance	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Held In Lieu Of Bail
<input type="checkbox"/> Held Without Bail	<input type="checkbox"/> Cash Bond	<input type="checkbox"/> Other _____
<b>Transcript Status</b>		
<input type="checkbox"/> Transcript Will Not Be Ordered	Filing Fee Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Trial Court Receipt Number _____
<input type="checkbox"/> Transcript Will Be Ordered	Appeal Filing Fee for Each Appellant or Petitioner: \$150.00	

/s/ _____ Attorney for the <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent or <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Defendant/Respondent	Rhode Island Bar Number:
	Date:
Telephone Number:	