



STATE OF RHODE ISLAND JUDICIARY

SUPERIOR COURT

NOTICE OF APPEAL

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

Name of Each Party and Attorney Filing Appeal	

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

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

/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:
Telephone Number:	Date: