



**STATE OF RHODE ISLAND  
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 \$45.75.

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:**

		Date:
Name of Party _____		Date of Birth:
Address:		
Home Telephone Number:	Cell Number:	Email Address:

**ATTORNEY OF RECORD MUST FILL OUT THE FOLLOWING:**

		Rhode Island Bar Number:
/s/ _____ Signature of the Attorney		Date:
Address:		
Office Telephone Number:	Cell Number:	Email Address:



**STATE OF RHODE ISLAND**  
**DISTRICT COURT**  
**STATE REASONS FOR APPEAL BELOW**

[Empty rectangular box for state reasons for appeal]