



**STATE OF RHODE ISLAND**

**FAMILY COURT**

**NOTICE OF APPEAL**

<b>Plaintiff/Petitioner</b>	<b>Civil Action File Number</b>
<b>Defendant/Respondent</b>	

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

<b>Date Case First Filed in the Family 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>

**TRIAL COURT ACTION APPEALED**

<input type="checkbox"/> <b>IPR</b> Preliminary Injunction	<input type="checkbox"/> <b>CJJ</b> Judgment/Judge	<input type="checkbox"/> <b>DPC</b> Denial Post Conviction
<input type="checkbox"/> <b>CON</b> Conviction	<input type="checkbox"/> <b>CDV</b> Directed Verdict	<input type="checkbox"/> <b>MTR</b> Denial Sentence Reduction
<input type="checkbox"/> <b>IPT</b> Permanent Injunction	<input type="checkbox"/> <b>CJU</b> Judgment/Jury	<input type="checkbox"/> <b>DCF</b> Dependency/Termination
<input type="checkbox"/> <b>CJD</b> Default Judgment	<input type="checkbox"/> <b>DAL</b> Alimony	<input type="checkbox"/> <b>DSJ</b> Summary Judgment
<input type="checkbox"/> <b>CDS</b> Dismissal/Jurisdiction	<input type="checkbox"/> <b>PRO</b> Probation Violation	<input type="checkbox"/> <b>ASF</b> Agreed Statement of Facts
<input type="checkbox"/> <b>CDM</b> Dismissal Merits	<input type="checkbox"/> <b>PTM</b> Pretrial Motion	<input type="checkbox"/> <b>DRP</b> Original Divorce Petition
<input type="checkbox"/> <b>CTD</b> New Trial Motion Denied	<input type="checkbox"/> <b>FCJ</b> Juvenile	<input type="checkbox"/> <b>CUS</b> Custody
<input type="checkbox"/> <b>CTG</b> New Trial Motion Granted	<input type="checkbox"/> <b>PCR</b> Grant Post Conviction	

**JUDGMENT FOR:**

<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

**SENTENCES:**

<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 _____

**BAIL/RELEASE STATUS**

**TRANSCRIPT STATUS**

<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: \$170.75 for appellant; \$150.00 for appellee	

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