



**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"/> CJJ Judgment/Judge	<input type="checkbox"/> DPC Denial Post Conviction
<input type="checkbox"/> CON Conviction	<input type="checkbox"/> CDV Directed Verdict	<input type="checkbox"/> MTR Denial Sentence Reduction
<input type="checkbox"/> IPT Permanent Injunction	<input type="checkbox"/> CJU Judgment/Jury	<input type="checkbox"/> DCF Dependency/Termination
<input type="checkbox"/> CJD Default Judgment	<input type="checkbox"/> DAL Alimony	<input type="checkbox"/> DSJ Summary Judgment
<input type="checkbox"/> CDS Dismissal/Jurisdiction	<input type="checkbox"/> PRO Probation Violation	<input type="checkbox"/> ASF Agreed Statement of Facts
<input type="checkbox"/> CDM Dismissal Merits	<input type="checkbox"/> PTM Pretrial Motion	<input type="checkbox"/> DRP Original Divorce Petition
<input type="checkbox"/> CTD New Trial Motion Denied	<input type="checkbox"/> FCJ Juvenile	<input type="checkbox"/> CUS Custody
<input type="checkbox"/> CTG New Trial Motion Granted	<input type="checkbox"/> PCR 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 _____
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: \$150.00	
Estimated Cost \$ _____	Court Reporter: _____	

/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: _____