

Mohave County Limited Jurisdiction Courts, State of Arizona

CASE NUMBER: _____

Appellant Name /Address/ Phone

Appellee Name /Address/ Phone

Attorney for Appellant Name / Address / Phone

Attorney for Appellee Name/ Address/ Phone

NOTICE OF APPEAL

Form 1

EVICITION/FORCIBLE DETAINER WORKPLACE HARRASSMENT ORDER OF PROTECTION
INJUNCTION PROHIBITING HARRASSMENT OTHER CIVIL

In bringing this appeal, I understand that:

- I have the right to post money with the trial court (a "supersedeas" bond), if I want the court to delay the enforcement of the Order or Judgment I am appealing.
- I must pay court fees to the lower court and Superior Court unless they are waived because I am unable to pay. I must pay a cost bond to the lower court, unless it is waived or reduced because I am unable to pay.
- I must file an appeal memorandum within sixty (60) days.

NOTE: You must notify the court in writing if your address changes.

I was the Plaintiff Defendant in the trial court proceeding.

Date: _____

Appellant Appellee

CERTIFICATE OF MAILING

I CERTIFY that I mailed a copy of this Notice of Appeal to:
Appellant Appellee at the above address.
Appellant's Appellee's attorney at the above address.

Date: _____ By Clerk: _____