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| ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (<i>name</i>): | STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | | |
| <input type="checkbox"/> NOTICE OF APPEAL <input type="checkbox"/> CROSS-APPEAL (UNLIMITED CIVIL CASE) | | CASE NUMBER: |

Notice: Please read *Information on Appeal Procedures for Unlimited Civil Cases* (Judicial Council form APP-001-INFO) before completing this form. This form must be filed in the superior court, not in the Court of Appeal. A copy of this form must also be served on the other party or parties to this appeal. You may use an applicable Judicial Council form (such as APP-009 or APP-009E) for the proof of service. When this document has been completed and a copy served, the original may then be filed with the court with proof of service.

1. NOTICE IS HEREBY GIVEN that:

- a. (*Name*): _____ appeals from a judgment or order in this case.
- b. The judgment or order was entered on (*list the date or dates the judgment and each order being appealed were entered*): _____
- c. The appeal is from the following order or judgment (*check all that apply*):
 - Judgment after jury trial
 - Judgment after court trial
 - Default judgment
 - Judgment after an order granting a summary judgment motion
 - Judgment of dismissal under Code of Civil Procedure, §§ 581d, 583.250, 583.360, or 583.430
 - Judgment of dismissal after an order sustaining a demurrer
 - An order after judgment under Code of Civil Procedure, § 904.1(a)(2)
 - An order or judgment under Code of Civil Procedure, § 904.1(a)(3)–(13)
 - Other (*describe and specify the code section or other authority that authorizes this appeal*): _____
- d. The judgment or order being appealed directs payment of sanctions by an attorney for a party. The attorney (*name*): _____ appeals.

2. For cross-appeals only:

- a. Date notice of appeal was filed in original appeal: _____
- b. Date superior court clerk mailed notice of original appeal: _____
- c. Court of Appeal case number (*if known*): _____

3. The judgment or order being appealed is attached (*optional*).

Date: _____

 (TYPE OR PRINT NAME)

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 (SIGNATURE OF PARTY OR ATTORNEY)