

**KING COUNTY SUPERIOR COURT  
STATE OF WASHINGTON**

State of Washington,  
County of King, City of \_\_\_\_\_ )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_) Plaintiff )  
vs. )  
\_\_\_\_\_)  
\_\_\_\_\_) Defendant. )

**NOTICE OF APPEAL**

Case No. \_\_\_\_\_  
\_\_\_\_\_  
Superior Court # \_\_\_\_\_  
\_\_\_\_\_ Small Claim \_\_\_\_\_ Civil  
\_\_\_\_\_ Criminal \_\_\_\_\_ Infraction

The appellant \_\_\_\_\_, the named \_\_\_\_\_ above seeks review by the Superior Court of the \_\_\_\_\_ court's decision in case number \_\_\_\_\_ entered \_\_\_\_\_ (mm/dd/yyyy). Appellant's Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Washington State Drivers License Number or ID \_\_\_\_\_. Filing Fee Received \_\_\_\_\_ Waived

**COPIES OF THIS NOTICE OF APPEAL SHALL BE SERVED IMMEDIATELY ON ALL OTHER PARTIES.**

\_\_\_\_\_  
Appellant's Name (type/print)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Appellant's Attorney – WSBA  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Opposing Party  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Attorney  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

**ALL INFORMATION MUST BE COMPLETED ON THIS FORM. SUPERIOR COURT WILL NOTIFY YOU OF YOUR CASE NUMBER AND CASE SCHEDULE REQUIREMENTS WHICH WILL INCLUDE YOUR HEARING DATE. IF YOU HAVE A CHANGE OF ADDRESS, YOU MUST NOTIFY BOTH SUPERIOR COURT AND THIS DISTRICT COURT. YOU MUST USE THIS SUPERIOR COURT CASE NUMBER ON ALL CORRESPONDENCE.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature (kcdcf#15/01)