IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	**Circuit Court Case Number:**		
Plaintiff/Petitioner:	Appellate Number:	☐ Filing as an Indigent	
	Date of Judgment/Decree/Order: **(ATTACH A COPY)**	Court Reporter:	
vs.	Date Post Trial Motion Filed:	☐ Sound Recording Equipment	
Defendant/Respondent:	Date Ruled Upon:	The Record on Appeal will consist of: ___ Legal File only or ___ Legal File and Transcript	(Date File Stamp)

Notice of Appeal to Missouri Court of Appeals - Civil

District: ☐ Western ☐ Eastern ☐ Southern

Notice is given that _____ appeals from the judgment/decree/order entered in this action on _____ (date).

Appellant's Name (If multiple, list all or attach additional pages)	Respondent's Name (If multiple, list all or attach additional pages)
Address	Address
Appellant's Attorney/Bar Number (If multiple, list all or attach additional pages)	Respondent's Attorney/Bar Number (If multiple, list all or attach additional pages)
Address	Address
E-mail Address	E-mail Address
Telephone	Telephone

Brief Description of Case (May be completed on a separate page)

Issues Expected To Be Raised On Appeal (May be completed on a separate page. Appellant is not bound by this list.)

Docket Fee Information

☐ The docket fee in the amount of $70.00 is being tendered with this notice of appeal.

☐ No docket fee is being tendered because:

☐ a docket fee is not required by law pursuant to _____ (cite specific statute or other authority).

☐ a motion to prosecute the appeal in forma pauperis has been or will be filed.

☐ a docket fee in the amount of $70.00 cannot be tendered at this time but will be submitted at a later date or this appeal will be subject to dismissal pursuant to Rule 84.08(a).

Signature of Attorney or Appellant	Date

Certificate of Service on Persons other than Registered Users of the Missouri eFiling System

I certify that on _____ (date), a copy of the foregoing was sent to the following by facsimile, hand-delivery, electronic mail or U.S. mail postage prepaid to their last known addresses.

_____

_____

_____

_____
Appellant or Attorney for Appellant

Directions to Clerk

Transmit a copy of the notice of appeal and all attached documents to the clerk of the Court of Appeals and to any person other than registered users of the eFiling system in a manner prescribed by Rule 43.01. Clerk shall then fill in the memorandum below. See Rule 81.08(i). Forward the docket fee to the Department of Revenue as required by statute.

Memorandum of the Clerk

I have this day served a copy of this notice by ☐ regular mail ☐ registered mail ☐ certified mail ☐ facsimile transmission to each of the following persons at the address stated below. If served by facsimile, include the time and date of transmission and the telephone number to which the document was transmitted.

_____

_____

_____

_____

I have transmitted a copy of the notice of appeal to the clerk of the Court of Appeals, _____ District.

☐ Docket fee in the amount of $70.00 was received by this clerk on _____ (date) which will be disbursed as required by statute.

☐ No docket fee was received.

_____ _____
Date Clerk

Additional Parties and Attorneys

List every party involved in the case not listed on page 1, indicate the position of the party in the circuit court (e.g. plaintiff, defendant, intervenor) and in the Court of Appeals (e.g. appellant or respondent) and the name of the attorney of record, if any, for each party. Attach additional pages to identify all parties and attorneys if necessary.

Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone