

**CIVIL PROCEDURE FORM NO. 8-A(1)****IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI**

Judge or Division:	Circuit Court Case Number:		
Plaintiff/Petitioner:	Appellate Number:	<input type="checkbox"/> Filing as an Indigent	
	Date of Judgment/Decree/Order: (ATTACH A COPY)	Court Reporter:	
	vs.	Date Post Trial Motion Filed:	<input type="checkbox"/> 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 Supreme Court of Missouri

Notice is given that _____ appeals from the judgment/decreet/order entered in this action on _____ (date).	
Jurisdiction of the Supreme Court is based on the fact that this appeal involves: (Check appropriate box) <input type="checkbox"/> The validity of a treaty or statute of the United States <input type="checkbox"/> The title to any state office in Missouri <input type="checkbox"/> The punishment imposed is death <input type="checkbox"/> The construction of the revenue laws of Missouri <input type="checkbox"/> The validity of a statute or provision of the Constitution of Missouri Unless the basis of jurisdiction involves the death penalty, the appellant shall prepare a concise explanation, not to exceed six pages, of the basis for jurisdiction. This must be filed as part of or simultaneously with this notice of appeal. See Rule 81.08(a) and (b).	
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
DOC Register Number (If applicable)	

Does this appeal involve a felony conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the defendant been released on an appeal bond? <input type="checkbox"/> Yes (ATTACH BOND) <input type="checkbox"/> No	
Bond Amount	Surety Name, Address, and Phone Number
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

As required by Rule 30.01(c), a copy of the notice of appeal shall be sent by the clerk to the Attorney General when the appeal involves a felony. Transmit a copy of the notice of appeal and all attached documents to the clerk of the Supreme Court of Missouri 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 Supreme Court.

☐ 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 because:

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

☐ a motion to prosecute the appeal in forma pauperis 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 Supreme Court of Missouri (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