



IN THE _____ JUDICIAL CIRCUIT COURT, _____, MISSOURI

Judge or Division:	Case Number:		
Plaintiff/Petitioner:	Appellate Number:	<input type="checkbox"/> Filing as an Indigent	
	Court Reporter:	<input type="checkbox"/> Sound Recording Equipment	
	Reporter's Telephone:	Number of Days of Trial:	
Defendant/Respondent:	Date of Judgment/Sentence:	Date Post Trial Motion Filed:	
	(Attach a copy)		
	Date Ruled Upon:	Date Notice Filed:	

(Date File Stamp)

Notice of Appeal

☐ Supreme Court of Missouri Court of Appeals: ☐ Western ☐ Eastern ☐ Southern

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

Complete if Appeal is to Supreme Court of Missouri

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 | |

If the basis of jurisdiction is validity of a United States treaty or statute, the validity of a Missouri statute or Constitutional provision or construction of Missouri revenue laws, a concise explanation, together with suggestions, if desired, is required. This may be filed as part of or with this notice of appeal or, in the alternative, may be filed within ten days after the notice of appeal is filed by filing it directly with the Clerk of the Supreme Court. See Rule 81.08(b) and (c) and Rule 30.01(f) and (g).

Appellant's Attorney/Bar Number		Respondent's Attorney(s)/Bar Number(s) (If multiple, list all or attach additional sheets)	
Address		Address	
Telephone	Fax	Telephone	Fax
Appellant's Name		Respondent's Name	
Address		Address	
Telephone		Telephone	
Brief Description of Case			
Date of Appeal Bond		Amount of Bond	<input type="checkbox"/> Bond Attached
Signature of Attorney or Appellant			Date

Notice to Appellant's Attorney

Local rules may require supplemental documents to be filed. Please refer to the applicable rule for the district in which the appeal is being filed and forward supplements as required.

Certificate of Service

I certify that on _____ (date), I served a copy of the notice of appeal on the following parties, at the following address(es), by the method of service indicated.

Appellant or Attorney for Appellant

Directions to Clerk

Serve a copy of the notice of appeal in a manner as prescribed by Rule 43.01 on the attorneys of record of all parties to the judgment other than those taking the appeal and on all other parties who do not have an attorney. (A copy of the notice of appeal is to be sent to the Attorney General when the appeal involves a felony.) Transmit a copy of the notice of appeal to the clerk of the Supreme Court/Court of Appeals. If a party does not have an attorney, mail the notice to the party at his/her last known address. Clerk shall then fill in the memorandum below. (See Rules 81.08(d) and 30.01 (h) and (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 also transmitted a copy of the notice of appeal to the clerk of the

☐ Supreme Court ☐ Court of Appeals, _____ District

☐ Docket fee in the amount of \$ _____ has been received by this clerk which will be disbursed as required by statute.

☐ A copy of an order granting leave to appeal as indigent.

Date

Clerk