☐County Court ☐Distric				
Court Address:				
State of Colorado/Appellee	·			
	. .			
V.			COURT USE ONLY	
Defendant/Appellant:				
Attorney or Party Without A	Attorney (Name and Addres	s): Case	Number:	
Phone Number:	E-mail:			
FAX Number:	Atty. Reg. #:	Divis		
	E OF APPEAL AND DESI			
The Defendant hereby files an	appeal in	(County Court cas	te number) for the following reason(s):	
☐ At this time, I request a stay post a bond or deposit the amo	unt of fines and costs assesse		tay of execution, I may be required to	
Full Name:				
Mailing Address:		City & Zip:		
Home Phone #:	Work Phone #:		_ Cell #:	
following items:	file, including all pleadings, mo		riminal Procedure and will include the ders of the court, and jury instructions,	
☐ By checking this box, I am a☐ By checking this box, I am a☐ Date:	cknowledging that I have made			
Signature of Defendant/Appella	ant	Signature of Attorney for	Defendant/Appellant, if applicable	
	CERTIFICAT	E OF SERVICE		
I certify that on this NOTICE OF APPEAL/DES □Hand Delivery or □Faxed to paid, and addressed to the follo To:	SIGNATION OF RECORD - CR this number owing:	IMINAL was provided to other	and that a true and accurate copy of her party by: in the United States mail, postage pre-	
		Signature		