

Pinal County Justice Courts, State of Arizona

NOTICE OF APPEAL

Case Number: _____

_____ _____ _____ Appellant Name / Address / Phone	_____ _____ _____ Appellee Name / Address / Phone
_____ _____ _____ Appellant Attorney Name / Address / Phone	_____ _____ _____ Appellee Attorney Name / Address / Phone

EVICTION/FORCIBLE DETAINER WORKPLACE HARRASSMENT ORDER OF PROTECTION
 INJUNCTION PROHIBITING HARRASSMENT OTHER CIVIL

In bringing this appeal, I understand that:

- I have the right to post money with the trial court (a “supersedeas” bond) if I want the court to delay the enforcement of the Order or Judgment I am appealing.
- I must pay court fees to the lower court and Superior Court unless they are waived because I am unable to pay. I must pay a cost bond to the lower court, unless it is waived or reduced because I am unable to pay.
- I must file an appeal memorandum within sixty (60) days.

NOTE: You must notify the court in writing if your address changes.

I was the Plaintiff Defendant in the trial court proceeding.

Date: _____ Appellant: _____

CERTIFICATE OF MAILING

I CERTIFY that I mailed a copy of this NOTICE OF APPEAL to: Appelle or Appellee’s attorney at the address listed above.

Date: _____ By Clerk _____