

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Phone Number: _____
ATLAS Number (if applicable): _____
Attorney Bar Number (if applicable): _____
Representing: Self or Attorney for Petitioner Respondent

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

Case Number: _____

(Name of Plaintiff)

NOTICE OF APPEAL

AND

(Name of Defendant)

NOTICE IS HEREBY GIVEN that the above named Plaintiff / Defendant
_____, appeals to the Court of Appeals of the State of
Arizona from the order made and entered in this action on the _____ day of _____,
20_____.

DATED: _____

Plaintiff's / Defendant's Signature