

Form 1. Notice of Appeal Tax, Civil, Family (Except Juvenile Cases), and Probate

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA NOTICE OF APPEAL
(CROSS APPEAL) TAX, CIVIL, DOMESTIC VIOLENCE, FAMILY (EXCEPT
JUVENILE CASES), PROBATE**

Superior Court Case Caption: _____

Superior Court Case No.: _____

A. Notice is given that (person appealing) _____ is appealing an order/judgment from the following division:

- Civil (except the Small Claims Branch) Domestic Violence
 Family (except Juvenile Cases) Probate Tax

1. Date of entry of judgment or order appealed from (if more than one judgment or order appealed, list all): _____
2. Filing date of any post-judgment motion: _____
3. Date of entry of post-judgment order: _____
4. Superior Court Judge: _____
5. Was the order appealed from issued by an Associate Judge, and not a Magistrate Judge?
 Yes No

If the order or judgment you are appealing was issued by a Magistrate Judge, do not file this Notice of Appeal. Instead, file a motion for judicial review in the Superior Court division that handled your case. See D.C. Code § 11-1732(k).

6. Is the order final (*i.e.*, disposes of all claims)? Yes No
If no, state the basis for jurisdiction: _____
7. Has there been any other notice of appeal filed in this case: Yes No
If so, list the other appeal numbers: _____
8. If this case was consolidated with another case in this court, list the parties' names and the Superior Court case number: _____

B. Type of Case: Civil Neglect/Termination of Parental Rights/Adoption Paternity and Child Support
 Domestic Relations Guardianship Mental Health Probate Intellectual Disability
 Civil Protection Order Anti-Stalking Order Extreme Risk Protection Order
 Landlord and Tenant Other: _____

C. Indicate Status of Case: Paid Fees Waived Counsel for Child Abuse and Neglect (CCAN)
Was counsel appointed in the trial court? Yes No

(COMPLETE REVERSE SIDE)

D. Provide the names, addresses, and telephone numbers of all parties to be served. For persons represented by an attorney, list the attorney and the party they represent. For each person, state whether the person was a plaintiff or defendant in the Superior Court case.

*Attach additional pages if necessary.

Name	Address	Party Status <i>(e.g., Plaintiff, Defendant, Intervenor, Respondent, Petitioner)</i>	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Identify the portions of the transcript needed for appeal, including the date of the proceeding, the name of the Court Reporter (or state that the matter was recorded on tape if no Court Reporter was present), the courtroom number where the proceeding was held, and the date the transcript was ordered, or a motion was filed for preparation of the transcript.* Attach additional pages if needed.

Date of Proceeding/Portion	Reporter/Courtroom No.	Date Ordered
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check this box if no transcript is needed for this appeal:

F. Person filing appeal: Defendant/Respondent Plaintiff/Petitioner
 Attorney for Defendant/Respondent Attorney for Plaintiff/Petitioner
 Third Party/Intervenor Other: _____

If you are not represented by an attorney, state whether you are interested in participating in the Court of Appeals mediation program (checking "Yes" does not require you to participate in mediation, or guarantee that your appeal will be mediated) Yes No

ATTACH A COPY OF THE ORDER/JUDGMENT (IF WRITTEN) BEING APPEALED.

_____	_____	_____
Print Name of Appellant/Attorney	Signature	Bar No.
_____	_____	
Address	Telephone Number	

* The appellant is responsible for ordering any transcripts needed for the appeal by visiting the Court Reporting Division in Room 5400, or by calling (202) 879-1009. If the appellant cannot pay for the transcript, they should notify the Court Reporting Division.