



Scottsdale City Court • 3700 N 75th Street Scottsdale, AZ 85251 • (480) 312-2442

Fax: (480) 312-2764 • court@scottsdaleaz.gov • www.ScottsdaleAZ.gov/Court

ORI: AZ007111J • Maricopa County, Arizona

Civil Appeals

The Notice of Appeal – Civil form is used to notify the Court that you wish to appeal the final decision on a non-criminal case.

The Superior Court will only reverse the lower court decision if it finds an error of law that was so important that it likely affected the outcome of the case.

WARNING: It is very important that you follow court procedures and meet the deadlines explained here. If you fail to do so, it is very likely that your appeal will be dismissed.

Instructions for filing a Civil Appeal:

- 1) Complete all necessary information on the form. Every section needs a response.
- 2) Save the form and file it with the Court.
- 3) A \$17 appeal fee needs to be made to the Scottsdale City Court in order to prepare the appeal package. For Protective Order/Injunction Against Harassment cases the \$17 fee is waived.”
- 4) After payment is received, the Court will send you a copy of the case file and audio recordings.

If filing by email:

Attach the completed form and send to court@scottsdaleaz.gov.

Only Word and PDF documents will be accepted. Photos (.jpeg or other photo files) will not be accepted.

If filing by fax:

Fax the completed form to Scottsdale City Court at (480) 312-2764.

If filing by mail:

Mail the completed form to Scottsdale City Court, 3700 North 75th Street, Scottsdale, Arizona 85251.

If filing in person:

Bring the completed form to the Court, take a number in the lobby and wait for a Clerk to assist you or you may place your filing in the drop box.

It is the filer’s responsibility to ensure the Court is in receipt of your filing. All responses will be sent via USPS mail to the last address on file.



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<p>_____</p> <p>VS. (Plaintiff or State of Arizona)</p> <p>_____</p>	<p>Case #:</p> <p>_____</p> <p>Complaint #:</p> <p>_____</p>	
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Notice of Appeal- Civil

Judgment and/or Charge(s): _____

The undersigned appeals or cross appeals from the final order or final judgment in the above case. Appellant understands: (1) the instructions set forth in the "Notice of Right to Appeal" including payment for a copy of the record or transcript, (2) the right to post bond to stay enforcement of the judgment, (3) filing an appellate memorandum with the trial court, and paying a filing fee to the Superior Court; and (4) failure to complete all stages in the appeal may result in the dismissal of the appeal and reinstatement of the trial court judgment.

How would you like to receive the Appeal Package? (select only one): Email (default) US Mail

Emails sent by the Scottsdale City Court will include instructions on downloading files.

Address will be used for all court notices. The Scottsdale City Court shall be notified, IN WRITING, of change of address.

Appellant's current mailing address must be PRINTED here, even if appellant is represented by counsel:

Appellant (Person filing the appeal)

Name / Nombre: _____

Address / Dirección _____

City, State / Ciudad, Estado _____ Zip / Código Postal _____

Email / Correo Electrónico _____

Daytime Phone / Número de teléfono durante el día (_____) _____ - _____

By providing your phone number you are granting permission to receive texts and other communication regarding court dates, pending payments and other relevant information about your case. Normal text and SMS rates may apply. Please contact the court in which your case is filed should you desire to opt out of this service. Al proporcionar su número de teléfono, usted consiente a recibir mensajes de texto y otra correspondencia con respecto a las audiencias, pagos pendientes y otra información de su caso. Puede que se apliquen tarifas de mensajería por mensajes de texto estándar y SMS. Si desea optar por no participar en este servicio, comuníquese con el tribunal en el cual se conoce su caso.

_____ Dated / Fecha	_____ Appellant Signature/ Firma del Apelante	_____ Date of Birth/ Fecha de Nacimiento
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Attorney
Address / Dirección _____

City, State / Ciudad, Estado _____ Zip / Código Postal _____

Email / Correo Electrónico _____

Daytime Phone / Número de teléfono durante el día (_____) _____ - _____

_____ Dated/ Fecha	_____ Attorney Signature/ Firma del Abogado	_____ Bar Number/ Número de Colegio
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