

## INSTRUCTIONS FOR FILING CIVIL NON-TRAFFIC APPEALS

- STEP 1 Type in all applicable information on the form then print, sign, and file with the Court.
- STEP 2 To file, you must submit the completed form to the Court by mail or in person.
- STEP 3 **If filing by mail**, send the completed form to the Scottsdale City Court at 3700 North 75<sup>th</sup> Street Scottsdale, AZ 85251. You must also include \$17 check payable to the Scottsdale City Court for the cost of the audio copy of the proceeding (The Court must receive the form within the allowable time frame).

**If filing in person**, bring the completed form to the Court.



|   |                                 |  |
|---|---------------------------------|--|
| STATE OF ARIZONA<br><br>VS.<br><br>_____<br>Name<br>_____<br>Address<br>_____<br>City _____ State _____ ZIP _____<br>_____<br>Telephone | Case #:<br><br><br>Complaint #: | <b>NOTICE OF APPEAL OR<br/>CROSS APPEAL</b><br>(CIVIL NON -TRAFFIC)<br><br>Charge code(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 a payment for a copy of the copy of the record or transcript, the right to post bond to stay enforcement of the judgment, filing an appellate memorandum with the trial court, and paying a filing fee to the Superior Court; and (2) failure to complete all stages in the appeal may result in the dismissal of the appeal and reinstatement of the trial court judgment.

The following address may be used for all court notices. The court will be notified IN WRITING of any change of address.

The current mailing address must be PRINTED here, even if represented by counsel:

**Defendant/Plaintiff**

Street \_\_\_\_\_ Apt./Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Home/Message Phone \_\_\_\_\_

\_\_\_\_\_  
Date Defendant/Plaintiff Signature Date of Birth

**Attorney**

Attorney Name: \_\_\_\_\_

Street \_\_\_\_\_ Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
Date Attorney Signature Bar Number