**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF GRANT**

STATE OF WASHINGTON	)	CASE NUMBER _____
_____	)	
(Plaintiff)	)	**NOTICE OF APPEAL**
	)	**TO SUPERIOR COURT**
	)	**AND CERTIFICATION**
_____	)	**OF FILING STATUS**
(Defendant)		

1. Appellant _____, the named (plaintiff) (defendant) above seeks review by the Superior Court of the Grant County District Court decision in cause number _____ entered on the date of _____.

2. Specific errors of law claimed are:

   _____
   _____
   _____
   _____
   _____
   _____.

3. Within 14 days, the appellant will file and serve on all other parties a designation of the part of the record that needs to be transmitted to the Superior Court. Appellant shall pay for the cost of preparing the record to the Clerk of the District Court within 10 days of notification by the Clerk that the record is ready unless payment has been waived by the District Court (RALJ 6.2(a)).

4. Appellant shall transcribe the electronic recordings of proceedings in accordance with RALJ 6.3(a) and shall file a transcript of the record with the Superior Court Clerk in accordance with RALJ 4.1(a).

5. Copies of this notice must be served on all other parties.

Certification of Status
This is designated:

_____ A criminal appeal for which no filing fee is required (RCW 10.10.060)

_____ A civil, infraction, parking or contempt appeal for which a filing fee must be paid before a Notice of Appeal will be accepted for filing. (RALJ 2.4 (b))

_____ A civil, infraction or parking appeal for which an In Forma Pauperis Petition has been granted and filing fee is waived. (RCW 36.18.022)

_____ A de novo small claims appeal for which a filing fee must be paid before the Notice of Appeal will be accepted for filing. (RALJ 1.1)

Dated this _____ day of _____, _____.

_____
District Court Clerk
_____

Presented this _____ day of _____, _____.

_____   _____
Appellant's Attorney Signature   Appellants Signature

_____   _____
Attorney's Name/Bar Code (Print/Type)   Appellant's Name (Print/Type)

_____   _____
Address   Address

_____   _____
City   State   Zip Code   City   State   Zip Code

_____
Respondent's Name & Attorney (if known) (Print/Type)

_____
Address

_____
City   State   Zip Code