ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	*FOR COURT USE ONLY*

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
 STREET ADDRESS:
 MAILING ADDRESS:
CITY AND ZIP CODE:
  BRANCH NAME:

   PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

☐ **NOTICE OF APPEAL** ☐ **CROSS-APPEAL** **(UNLIMITED CIVIL CASE)**	CASE NUMBER:

Notice: Please read *Information on Appeal Procedures for Unlimited Civil Cases* (Judicial Council form APP-001) before completing this form. This form must be filed in the superior court, not in the Court of Appeal. A copy of this form must also be served on the other party or parties to this appeal. You may use an applicable Judicial Council form (such as APP-009 or APP-009E) for the proof of service. When this document has been completed and a copy served, the original may then be filed with the court with proof of service.

1. NOTICE IS HEREBY GIVEN that (name):

    appeals from the following judgment or order in this case, which was entered on *(date)*:

    ☐   Judgment after jury trial

    ☐   Judgment after court trial

    ☐   Default judgment

    ☐   Judgment after an order granting a summary judgment motion

    ☐   Judgment of dismissal under Code of Civil Procedure, §§ 581d, 583.250, 583.360, or 583.430

    ☐   Judgment of dismissal after an order sustaining a demurrer

    ☐   An order after judgment under Code of Civil Procedure, § 904.1(a)(2)

    ☐   An order or judgment under Code of Civil Procedure, § 904.1(a)(3)–(13)

    ☐   Other *(describe and specify code section that authorizes this appeal):*

2. For cross-appeals only:

    a. Date notice of appeal was filed in original appeal:

    b. Date superior court clerk mailed notice of original appeal:

    c. Court of Appeal case number *(if known)*:

Date:

_____   ▶   _____
          (TYPE OR PRINT NAME)   (SIGNATURE OF PARTY OR ATTORNEY)

NOTICE OF APPEAL/CROSS-APPEAL (UNLIMITED CIVIL CASE)
(Appellate)