

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) TELEPHONE NO: _____ FAX NO: _____ ATTORNEY FOR (<i>NAME</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA COUNTY OF YUBA 215 FIFTH STREET, SUITE 200 MARYSVILLE, CA 95901-5737 (530) 749-7600	
PLAINTIFF: vs. DEFENDANT:	
NOTICE OF APPEAL (Limited Jurisdiction Cases)	CASE NUMBER: _____

The undersigned hereby appeals to the Appellate Department of Yuba County Superior Court from the judgment of this Court dated _____ in the above-entitled action.

1. I am appealing (check all applicable boxes):
 - A. The entire judgment.
 - B. An order of the Court (specify): _____
_____.
 - C. A part of the judgment or order (specify): _____
_____.

2. Record on appeal (check one):
 - A. Immediate transfer to the Appellate Department requested:
 I request the clerk to prepare the record pursuant to Rule 8.783 and transmit the clerk's transcript on appeal to the Appellate Department within 15 days.
 - B. Delayed transfer to Appellate Department requested:
 - I wish to settle the statement on appeal.
 - I acknowledge that it will be necessary to prepare a document that specifies all the grounds on which I am appealing, pursuant to California Rules of Court, Rule 8.784(b).
 - I acknowledge that it will be necessary to prepare another document consisting of a proposed statement on appeal, pursuant to California Rules of Court, Rule 8.784(d).
 - I acknowledge it will be necessary to have one or more hearings to settle the statement on appeal before the matter is transmitted to the Appellate Department.

If you checked B above, initial this box [].
 - C. I intend to file the reporter's transcript and have same served as part of the statement.

Dated: _____

Signature of Appellant