

**KING COUNTY DISTRICT COURT
STATE OF WASHINGTON**

<p>_____, Plaintiff/Petitioner, v. _____, Defendant/Respondent.</p>	<p>No. _____</p> <p>NOTICE OF APPEAL</p> <p>(CLERK'S ACTION REQUIRED)</p>
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The _____ in the above-entitled case seeks review by the King County Superior Court of the King County District Court decision in case number _____.

Appellant's Name (type/print)

Appellant's Attorney WSBA #

Address

Address

City State Zip

City State Zip

Opposing Party

Attorney

Address

Address

City State Zip

City State Zip

ALL INFORMATION MUST BE COMPLETED ON THIS FORM. SUPERIOR COURT WILL NOTIFY YOU OF YOUR CASE NUMBER AND CASE SCHEDULE REQUIREMENTS WHICH WILL INCLUDE YOUR HEARING DATE. IF YOU HAVE A CHANGE OF ADDRESS, YOU MUST NOTIFY BOTH SUPERIOR COURT AND THIS DISTRICT COURT.

Dated: _____

Signature