

FILING CODE: _____
Your Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email Address: _____
Self-Represented

DISTRICT COURT
_____ **COUNTY, NEVADA**

_____ Plaintiff, vs. _____ Defendant.	CASE NO.: _____ DEPT: _____
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NOTICE OF APPEAL

Notice is hereby given that (*your name*) _____,
(*check one*) Plaintiff / Defendant above named, hereby appeals to the Supreme
Court of Nevada from the (*name of order/decre*e)
_____ entered in this action
(*order date mm/dd/yyyy*)_____.

DATED (*month*) _____ (*day*) _____, 20____.

Submitted By: (*your signature*) _____
(*print your name*) _____

CERTIFICATE OF SERVICE

I certify that on the date indicated below, I served a copy of this **NOTICE OF APPEAL** upon all parties to the appeal as follows:

- By personally serving it upon him/her; or
- By mailing it by first-class mail with sufficient postage prepaid to the following address(es) (List names and address(es) of parties served):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATED (*today's date*) _____ 20____.

Submitted By: (*your signature*) _____

(*print your name*) _____