

**KITSAP COUNTY DISTRICT COURT  
STATE OF WASHINGTON**

<hr/> <div style="text-align: center;">Plaintiff/Petitioner, v.</div> <hr/> <div style="text-align: center;">Defendant/Respondent.</div>	<div style="text-align: right;">No. _____</div> <div style="text-align: center;"><b>NOTICE OF APPEAL</b>  ____ <b>AMENDED</b></div>
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1. NAME OF PARTY WHO WANTS TO APPEAL – \_\_\_\_\_  
\_\_\_\_ plaintiff/petitioner; \_\_\_\_ defendant/respondent, wants to appeal a Kitsap County District Court final decision by having the decision reviewed by the Kitsap County Superior Court.
  
2. TYPE OF CASE – The type of case being appealed is –  
\_\_\_\_ criminal; \_\_\_\_ civil; \_\_\_\_ infraction; \_\_\_\_ small claims
  
3. DECISION(S) BEING APPEALED – The name of each decision being appealed must be listed –  
\_\_\_\_\_  
\_\_\_\_\_
  
4. PLAINTIFF/PETITIONER CONTACT INFORMATION [not required if represented by attorney] –  
Mailing Address – \_\_\_\_\_
  
5. DEFENDANT/RESPONDENT CONTACT INFORMATION [not required if represented by attorney] –  
Mailing Address – \_\_\_\_\_
  
6. ATTORNEY FOR PLAINTIFF/PETITIONER [select one] –  
\_\_\_\_ None.  
\_\_\_\_ Prosecutor's Office, 614 Division Street, MS-35, Port Orchard, WA 98366.  
\_\_\_\_ Name of Attorney – \_\_\_\_\_  
\_\_\_\_ Attorney Address – \_\_\_\_\_

7. ATTORNEY FOR DEFENDANT/RESPONDENT [select one] –

\_\_\_ None.

\_\_\_ Office of Public Defense, 614 Division Street, MS-40, Port Orchard, WA 98366.

\_\_\_ Name of Attorney – \_\_\_\_\_

Attorney's Address – \_\_\_\_\_

8. REPRESENTATION ON APPEAL –

\_\_\_ Motion For Court-Appointed Attorney (Criminal Appeal Only). Defendant moves for representation by a court-appointed attorney on appeal because the defendant is indigent. Defendant should promptly prepare an Indigency Screening Form and submit the form to Kitsap County District Court, which will thereafter review the motion.

\_\_\_ Retain Counsel. The appealing party will retain private counsel on appeal.

\_\_\_ Self Representation. The appealing party will be self-represented on appeal.

9. SERVICE OF NOTICE OF APPEAL ON ALL OTHER PARTIES – The party filing this Notice of Appeal shall immediately serve a copy of this Notice of Appeal on all other parties and promptly file a Declaration Of Appellate Service in Kitsap County District Court.

DATED – \_\_\_\_\_

/s/ Signed Electronically

[Note – By typing your name, you intend to sign electronically and agree your electronic signature is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.]