Name and Address of Court:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
CENTRAL DIVISION, ÙT ŒŠŠÖŠŒŒ ÙÊ¨HÊÁ¥ ÉŒ¤ŒROAÖ¥ ŒY¥ÊÜUUT Á225Ê€ÜŒÞÁ¨ÖŒÔ ÜŒÖ̈ŒÊ¥GÌ€F

SMALL CLAIMS CASE NO.

PLAINTIFF/DEMANDANTE *(Name, address, and telephone number of each):*	DEFENDANT/DEMANDADO *(Name, address, and telephone number of each):*
Telephone No.:	Telephone No.:
Telephone No:	Telephone No.:

☐ See attached sheet for additional plaintiffs and defendants.

NOTICE OF FILING NOTICE OF APPEAL

TO: ☐ Plaintiff *(name):*

☐ Defendant *(name):*

Your small claims case has been APPEALED to the superior court. Do not contact the small claims court about this appeal. The superior court will notify you of the date you should appear in court. The notice of appeal is set forth below.	*La decision hecha por la corte para reclarnos judiciales menores en su caso ha sido APELADA ante /a corte superior No se pongra en contacto con la corte para reclamos judiciales menores acerca de esta apelacion. La corte superior le notificara /a fecha en que usted debe presentarse ante ella. El aviso de /a apelacion aparece a continuacion.*

Date: _____   Clerk, by _____ , Deputy

NOTICE OF APPEAL

I appeal to the superior court, as provided by law, from
☐ the small claims judgment **or** ☐ the denial of the motion to vacate the small claims judgment.

DATE APPEAL FILED *(clerk to insert date):*

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF APPELLANT OR APPELLANTS ATTORNEY)

☐ I am an insurer of defendant *(name)* _____ in this case. The judgment against
defendant exceeds $2,500, and the policy of insurance with the defendant covers the matter to which the judgment applies.

(NAME OF INSURER)

▶ _____
(SIGNATURE OF DECLARANT)

CLERK'S CERTIFICATE OF MAILING

I certify that
1. I am not a party to this action.
2. This Notice of Filing Notice of Appeal and Notice of Appeal were mailed first class, postage prepaid, in a sealed envelope to
   ☐ plaintiff
   ☐ defendant
   at the address shown above.
3. The mailing and this certification occurred
   at *(place):* ☐ San Diego ☐ Vista ☐ El Cajon ☐ Chula Vista, California

on *(date):* _____   Clerk, by _____ , Deputy

NOTICE OF APPEAL
(Small Claims)