| Name | | | |
|--|--|--|--|
| Address | | | |
| City, State, Zip | | | |
| Oity, State, Zip | | | |
| Phone | | | |
| | Check your email. You will receive information and documents at this email address. | | |
| Email | (D) | | |
| I am [] Plaintiff/Petitioner [] Defendant/Respondent [] Plaintiff/Petitioner's Attorney [] Defendant/Respondent's Attorney (Utah Bar #:) | | | |
| In the Just | ice Court of Utah | | |
| 4th Judicial D | istrict Millard County | | |
| Court Address 765 S Hwy | 99, Ste. 2, Fillmore, UT 84631 | | |
| | | | |
| | Notice of Appeal – Small Claims Case | | |
| Plaintiff | | | |
| V. | Case Number | | |
| | Cyndee Probert | | |
| Defendant | Judge | | |
| And | | | |
| | | | |
| Defendant | | | |
| Lancard de Carlla Lancard and an Illa dilla | and the Birthin Occup | | |
| I appeal the final judgment entered in this | case to the District Court. | | |
| I declare under criminal penalty under the law of Ut | ah that everything stated in this document is true. | | |
| Signed at | (city, and state or country). | | |
| Signature ▶ | | | |
| Date | Name | | |
| Timed | | | |

Certificate of Service

I certify that I filed with the court and am serving a copy of this Notice of Appeal – Small Claims Case on the following people.

| Person's Name | Service Method | Service Address | Date | |
|---------------|---|-----------------|------|--|
| | [] Mail | | | |
| | [] Hand Delivery | | | |
| | [] E-filed | | | |
| | [] Email | | | |
| | [] Left at business (With person in charge | | | |
| | or in receptacle for deliveries.) | | | |
| | [] Left at home (With person of suitable | | | |
| | age and discretion residing there.) | | | |
| | [] Mail | | | |
| | [] Hand Delivery | | | |
| | [] E-filed | | | |
| | [] Email | | | |
| | [] Left at business (With person in charge | | | |
| | or in receptacle for deliveries.) | | | |
| | [] Left at home (With person of suitable age and discretion residing there.) | | | |
| | [] Mail | | | |
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| | Left at business (With person in charge | | | |
| | or in receptacle for deliveries.) | | | |
| | Left at home (With person of suitable | | | |
| | age and discretion residing there.) | | | |
| | | | | |
| Signature ▶ | | | | |
| Date | Oignaturo F | | | |

| Date | Printed Name | |
|------|--------------|--|
| | | |

Service