

Using This Form

1. Copies
 - a. Original – to trial court.
 - b. First copy – to Court of Appeals.
 - c. Subsequent copies – to all opposing counsel.
 - d. In criminal cases only, copy to Office of the Attorney General.
2. Prepared by party who wishes to appeal to the Court of Appeals.
3. Attachments – none.
4. Preparation details –
 - a. This form complies with the requirements of Rule 5A:6 of the Rules of the Supreme Court of Virginia.
 - b. The box in Data Element number 8 should be checked in a case involving termination of parental rights to ensure preferential docketing of the case.

NOTICE OF APPEAL FROM TRIAL COURT

VA CODE § 17.1-407, Rule 5A:6,

VIRGINIA: IN THE CIRCUIT COURT OF **1**
COUNTY/CITY

..... **2** v.

..... **3** **4**
NAME(S) OF PARTY(IES) , PLAINTIFF, RESPONDENT OR OTHER
DESIGNATION IN TRIAL COURT

hereby appeals to the Court of Appeals of Virginia from the **5**
FINAL JUDGMENT / APPEALABLE ORDER OR DECREE

of this court entered on **6** in case no(s) **7**
DATE

Please check if:

- 8** [] this is a termination of parental rights case (Va. Code §16.1-283, §16.1-277.01, §16.1-277.02 or §16.1-278.3).
- 9** [] a transcript will be filed. [] a statement of facts, testimony, and other incidents of the case will be filed.
- 10** [] [In criminal cases only:] Appellant requests the clerk of the circuit court to cause a transcript to be prepared of the following circuit court proceedings:

..... **10**
.....

CERTIFICATE

The undersigned certifies as follows:

(1) The name(s) and address(es) of appellant(s) are: **11**

[] Appellant(s) is (are) not represented by counsel. The telephone number(s), facsimile number (if any) and e-mail address (if any) of appellant(s) are: **12**

(2) The name(s), Virginia State Bar number(s), address(es), telephone number(s), facsimile number (if any), and e-mail address (if any) of counsel for appellant(s) is (are): **13**

(3) The name(s) and address(es) of appellee(s) is (are): **14**

[] Appellee(s) is (are) not represented by counsel. The telephone number(s) facsimile number (if any), and e-mail address (if any) of appellee(s) (are): **15**

(4) The name(s), Virginia State Bar number(s), address(es), telephone number(s), facsimile number (if any), and e-mail address (if any) of counsel for appellee(s) is (are): **16**

(5) The name(s), address(es) and telephone number(s) of the guardian *ad litem* for the child(ren) is (are): **17**

18 (6) [] [In civil cases only:] Counsel for appellant, or appellant if not represented by counsel, has ordered from the court reporter who reported the case the transcript for filing as required by Rule 5A:8(a).

19

(7) [In criminal and termination of parental rights cases:] Counsel for appellant has been [] appointed [] privately retained.

(8) A copy of this Notice of Appeal has been mailed, e-mailed or delivered to all opposing counsel, and/or to unrepresented parties, to the guardian *ad litem*, if applicable, and to the Clerk of the Court of Appeals.

(9) [In criminal cases only:] a copy of this Notice of Appeal has been [] sent by e-mail to noticesofappeal@oag.state.va.us

20 OR, if the appellant does not have access to email, [] mailed to Notices of Appeal, Office of the Attorney General, 202 North Ninth Street, Richmond, Virginia 23219

21

Date

22

(Signature of counsel or unrepresented party)

NOTICE TO APPELLANT: The notice of appeal must be filed with the clerk of the trial court and a copy must be transmitted to the Clerk of the Court of Appeals of Virginia and, except as otherwise provided by law, must be accompanied by the \$50.00 filing fee required by Va. Code § 17.1-418. The fee is due at the time the Notice of Appeal is presented. The Clerk of the Court of Appeals of Virginia will file any notice of appeal that is not accompanied by such fee, but if the fee, or evidence that the appellant is entitled to be exempt from the payment of the fee, is not received by the clerk within 10 days, the notice of appeal will be dismissed.

Data Elements

1. Name of circuit court.
2. Style of case.
3. Name(s) of party(d) filing the appeal.
4. Designation of the party(ies) filing the appeal.
5. Title of order or decree that is being appealed.
6. Date of order or decree that is being appealed.
7. Case number(s) of case(s) being appealed.
8. Check this box if this is a case of termination of parental rights.
9. Check the applicable box to indicate if a transcript or statement will be filed.
10. In criminal cases, check this box and indicate any requests for transcripts of circuit court proceedings on the lines provided.
11. Insert the name(s) and address(es) of the party(ies) appealing (appellant(s)).
12. Check this box if the party(ies) filing the appeal is/are not represented by counsel (an attorney). Insert the telephone number of the party(ies).
13. If applicable, insert the name(s), address(es) and telephone number(s) of counsel representing the party(ies) filing the appeal.
14. Insert the name(s) and address(es) of the opposing party(ies) (appellee(s)).
15. Check this box if the appellee(s) is/are not represented by counsel and insert the telephone number(s) of appellee(s).
16. If applicable, insert the name(s), address(es) and telephone number(s) of counsel representing the appellee(s).
17. If applicable, insert the name(s), address(es) and telephone number(s) of the guardian(s) *ad litem* for any child(ren) involved in the case.
18. In civil cases, check this box if a transcript has been ordered to be filed with the Court of Appeals.
19. In criminal and termination of parental rights cases where the appellant is represented by counsel, check the box indicating whether counsel was appointed or privately retained.
20. In criminal cases, indicate whether this notice was mailed or emailed to the Office of the Attorney General.
21. Insert the date on which this notice was mailed or delivered to opposing counsel and the Clerk of the Court of Appeals.
22. Signature of appellant's counsel or appellant if he or she is not represented by counsel.