Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

IN THE DISTRICT COURT FOR THE JUDICIAL DISTRICT

FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF

|  |  |
| --- | --- |
| ,  Plaintiff(s),  vs.    ,  Defendant(s). | Case No.  NOTICE OF APPEAL  OF SMALL CLAIM JUDGMENT  FILING FEE: $81.00 |

I am the ⬜ Plaintiff ⬜ Defendant (check one) in this case. A judgment was entered in this case:

⬜ in favor of the Defendant,

⬜ in favor the Plaintiff,

⬜ in the amount of: $

⬜ for recovery of the following personal property:

I am appealing the decision in this case.

Date:

Signature