

IN THE 15TH JUDICIAL CIRCUIT, SALINE COUNTY, MISSOURI

Judge or Division:	Circuit Court Case Number:				
Plaintiff/Petitioner:	Appellate Number:		☐ Filing as an Indigent	_	
	Date of Judgment/Dec (ATTACH A COPY)	cree/Order:	Court Reporter:		
vs. Defendant/Respondent:	Date Post Trial Motion Filed:		☐ Sound Recording Equipment	-	
	Date Ruled Upon:		The Record on Appeal will consist of: Legal File only or		
			Legal File and Transcript	(Date File Stamp)	
Notice of Appeal to Missouri Court of Appeals - Civil					
Dist	rict: Western	☐ Easteri	n 🗌 Southern		
Notice is given that	Notice is given that appeals from the judgment/decree/order entered in this action				
on	_ (date).				
Appellant's Name (If multiple, list all or attach additional pages)		Respondent's Name (If multiple, list all or attach additional pages)			
Address	Address		Address		
Appellant's Attorney/Bar Number		Respondent's Attorney/Bar Number			
(If multiple, list all or attach additional pages)		(If multiple, list all or attach additional pages)			
Address		Address			
E-mail Address		E-mail Address			
Tolophono		Telephone			
Telephone		Тегерпопе			
Brief Description of Case (May be completed on a separate page)					
Issues Expected To Be Raised On App	eal (May be completed	on a separate r	page. Appellant is not bound by this list)	
Issues Expected To Be Raised On Appeal (May be completed on a separate page. Appellant is not bound by this list.)					

Docket Fee Information			
☐ The docket fee in the amount of \$70.00 is being tendered with this	s notice of appeal.		
☐ No docket fee is being tendered because:			
a docket fee is not required by law pursuant tostatute or other authority).	(cite specific		
a motion to prosecute the appeal in forma pauperis has be	een or will be filed.		
a docket fee in the amount of \$70.00 cannot be tendered or this appeal will be subject to dismissal pursuant to Rule			
Signature of Attorney or Appellant	Date		
Certificate of Service on Persons other than Registered Us	sers of the Missouri eFiling System		
I certify that on (date), a copy of the foregoing w delivery, electronic mail or U.S. mail postage prepaid to their last known			
	Appellant or Attorney for Appellant		
Directions to Clerk			
Transmit a copy of the notice of appeal and all attached documents to the person other than registered users of the eFiling system in a manner pres the memorandum below. See Rule 81.08(i). Forward the docket fee to the statute.	scribed by Rule 43.01. Clerk shall then fill in		
Memorandum of the Cler	k		
I have this day served a copy of this notice by \square regular mail \square registered mail \square certified mail \square facsimile transmission to each of the following persons at the address stated below. If served by facsimile, include the time and date of transmission and the telephone number to which the document was transmitted.			
I have transmitted a copy of the notice of appeal to the clerk of the Court	of Appeals, District.		
☐ Docket fee in the amount of \$70.00 was received by this clerk on disbursed as required by statute.			
☐ Docket fee in the amount of \$70.00 was received by this clerk on			
☐ Docket fee in the amount of \$70.00 was received by this clerk on disbursed as required by statute.			

Additional Parties and Attorneys

List every party involved in the case not listed on page 1, indicate the position of the party in the circuit court (e.g. plaintiff, defendant, intervenor) and in the Court of Appeals (e.g. appellant or respondent) and the name of the attorney of record, if any, for each party. Attach additional pages to identify all parties and attorneys if necessary.

Party Name	Attorney Name		
Address	Address		
Addiess	Address		
City, State, Zip Code	City, State, Zip Code		
	E-mail Address		
	Telephone		
	тејернопе		
Party Name	Attorney Name		
Address	Address		
City, State, Zip Code	City, State, Zip Code		
Oity, State, Zip Gode	Oity, State, 21p Code		
	E-mail Address		
	Telephone		
Party Name	Attorney Name		
Address	Address		
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City, State, Zip Code	City, State, Zip Code		
	E-mail Address		
	Telephone		
Party Name	Attorney Name		
Address	Address		
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City, State, Zip Code	City, State, Zip Code		
	E-mail Address		
	Telephone		