

CIVIL PROCEDURE FORM NO. 8-A(2)

INI THE	HIDICIAL CIDCUIT	COLINITY MICCOLIDI
IN THE	JUDICIAL CIRCUIT,	COUNTY, MISSOURI

Judge or Division:	Circuit Court Case Number:				
Plaintiff/Petitioner:	Appellate Number:		☐ Filing as an Indigent		
	Date of Judgment/Decree/Order: (ATTACH A COPY)		Court Reporter:		
VS.	Date Post Trial Motion Filed:		O come d De condition of Faccion accorde		
Defendant/Respondent:			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					
Γ	District: 🗌 Wester	n 🗌 Eas	tern 🗌 Southern		
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 pa	ages)	Respondent's Name (If multiple, list all or attach additional pages)			
Address		Address			
Addices		Addiess			
Appellant's Attorney/Bar Number (If multiple, list all or attach additional pages)		Respondent's Attorney/Bar Number (If multiple, list all or attach additional pages)			
Address		Address			
E-mail Address		E-mail Address			
Telephone		Telephone			
Brief Description of Case (May be comp	oleted on a separate pag	l ge)			
Issues Expected To Be Raised On App	eal (May be completed o	on a separate p	page. Appellant is not bound by this list.)		

Docket Fee Infor	nation			
☐ The docket fee in the amount of \$70.00 is being tendered	with this notice of appeal.			
☐ No docket fee is being tendered because:				
a docket fee is not required by law pursuant to statute or other authority).	(cite specific			
a motion to prosecute the appeal in forma pauperi	s has been or will be filed.			
a docket fee in the amount of \$70.00 cannot be ten this appeal will be subject to dismissal pursuant to	ndered at this time but will be submitted at a later date or Rule 84.08(a).			
Signature of Attorney or Appellant	Date			
Certificate of Service on Persons other than Regis	tered Users of the Missouri eFiling System			
I certify that on (date), a copy of the fore delivery, electronic mail or U.S. mail postage prepaid to their last	going was sent to the following by facsimile, hand- known addresses.			
	····			
				
	Appellant or Attorney for Appellant			
Directions to	Clerk			
Transmit a copy of the notice of appeal and all attached documents to the clerk of the Court of Appeals and to any person other than registered users of the eFiling system in a manner prescribed by Rule 43.01. Clerk shall then fill in the memorandum below. See Rule 81.08(i). Forward the docket fee to the Department of Revenue as required by statute.				
Memorandum of	the Clerk			
I have this day served a copy of this notice by regular mail [transmission to each of the following persons at the address state of transmission and the telephone number to which the document	d below. If served by facsimile, include the time and date			
	 			
	·····			
I have transmitted a copy of the notice of appeal to the clerk of the	e Court of Appeals, District.			
Docket fee in the amount of \$70.00 was received by this cl disbursed as required by statute.	erk on (date) which will be			
☐ No docket fee was received.				
 Date	Clerk			

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
Address	Addiess
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City State 7in Code	City State Zin Code
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
Party Name	Attorney Name
r arty Name	Automos Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	L-mail Address
	Telephone
Party Name	Attorney Name
Address	Address
City, State, Zip Code	City, State, Zip Code
	E-mail Address
	Telephone
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